



CARE Rapid Gender Analysis

Latin America & the Caribbean – Ciudad Juárez, Mexico

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Executive Summary

Asylum seekers and migrants traveling through Central America and Mexico to the U.S. border face a range of risks, but women, girls, and other vulnerable groups—such as members of the LGBTQIA community—are confronted with additional threats to their health, safety, and well-being in their countries of origin, countries of transit, and in the U.S. As a result, asylum seekers and migrants who arrive at the U.S.–Mexico border often carry a heavy burden of trauma from experiences with violence. The lack of a system to appropriately support people on the move deepens pre-existing inequalities and exposes already vulnerable groups to additional, unnecessary, risks.

The U.S. Government's Migrant Protection Protocols (MPP), also known as the "Remain in Mexico" policy, returns asylum seekers and migrants from U.S. custody to Mexican territory, compelling them to face months of risk and uncertainty as they wait to complete their asylum processes. The asylum process itself is challenging and unclear, liable to change without warning, and largely opaque to affected populations. The asylum seekers and migrants waiting in Mexico's Ciudad Juárez city, along the Mexico–U.S. border, face ever-present threats of extortion, gender-based violence (GBV), and kidnappings, which compound their trauma and restrict their freedom of movement and access to critical resources and services. Trauma and fear were the norm of the population that CARE surveyed, not the exception.

The female asylum-seekers and migrants in Ciudad Juárez that CARE spoke with reported feeling profoundly vulnerable and isolated. They consistently relayed a lack of trust in authorities and an increasing level of anti-migrant sentiment in the city. The lack of either confidential GBV screenings or formal complaint mechanisms left survivors with almost no one to turn to for support and services. Asylum seeking and migrant women, girls, and LGBTQIA individuals who feared for their safety reported remaining inside shelters as much as possible, leaving only when absolutely necessary.

In Ciudad Juárez, some asylum seekers and migrants have found refuge in overwhelmed and underfunded informal shelters. These shelters are largely run by local faith-based organizations, and could meet only a fraction of the need. Despite these efforts, the humanitarian response to the migration crisis is characterized by a haphazard and uncoordinated approach that is devoid of reference to the humanitarian standards that would be the norm in other emergencies. The shelters did not have appropriate intake procedures, such as vulnerability screenings. Few had sufficient water and sanitation facilities for the number of residents, and many shelters housed residents together in common spaces regardless of age or gender, amplifying the risk of harm to vulnerable persons. Asylum seekers and migrants in the shelters frequently lacked information about available health and legal services.

Lack of access to complete and reliable information made it difficult for asylum seekers and migrants—including pregnant women and GBV survivors—to make knowledgeable decisions about navigating the asylum process or finding basic services, including health care. Moreover, CARE did not find any mechanisms that allowed asylum seekers and migrants to report concerns or complaints of exploitation and abuse operating at the time of research.

At no point has there been a deliberate effort—by government authorities, policy makers, or those providing the scant services that exist—to systematically assess vulnerabilities and mitigate the risk of harm to at-risk groups. On the contrary, the lack of risk mitigation efforts has allowed several actors to emplace policies that put migrants and asylum seekers at increased risk of harm. For example, asylum seekers and migrants returned from U.S. detention to Mexico are often easily identified by visible markers of their detention, including a lack of shoelaces and the bags that they are issued to carry personal items. This visibility renders asylum seekers and migrants more vulnerable to detention or forced recruitment by armed groups, as well as kidnappings, which at times have taken place on the street directly outside the release area in plain sight of authorities.

Swift action is required by all involved, but particularly by those in a position to influence and change policy and resourcing. The MPP will continue to result in an increased number of asylum seekers and migrants in Ciudad Juárez and elsewhere along the U.S–Mexico border and therefore continue to strain already limited services and resources. A failure to act in the service of vulnerable people will inevitably have a deleterious impact on the health, safety, and well-being of women, girls and other vulnerable groups caught up in the crisis.

Recommendations include:

- All actors should prioritize the health, safety, and well-being of vulnerable asylum seekers and migrants in Ciudad Juárez—particularly women, children, people living with disabilities, and LGBTQIA individuals—through appropriate and systematic vulnerability assessments and the adoption of a risk mitigation approach.

International Organizations Should:

- Work with community organizations, the Government of Mexico, and governments in countries of origin and transit, to formulate a regional humanitarian response plan aimed at effectively meeting the needs of vulnerable individuals and families affected by this crisis.¹
- Support individuals, organizations, and GoM authorities at all levels to increase the scale, scope, and quality of the existing response in a manner consistent with international humanitarian standards.
- Support local authorities and organizations to establish robust protocols to prevent, mitigate, and respond to GBV.
- Ensure that asylum seekers and migrants have consistent access to reliable and appropriate information regarding services, including shelter options; legal services; GBV reporting and support mechanisms; and SRH service providers. The information must adequately address the needs of vulnerable groups.

Service Providers, Including Shelter Providers, Should:

- Take immediate action to mitigate the risk of harm to vulnerable groups.
- Adopt gender-sensitive approaches to service provision and increase accountability to shelter residents, particularly regarding the prevention of sexual exploitation and abuse (SEA).

The U.S. Government Should:

- Uphold the right to seek asylum and the international obligation to not return individuals to their country of origin where there are substantial grounds for believing that the person would be at risk of irreparable harm upon return.
- Provide robust humanitarian and development assistance to address the root causes of displacement in countries of origin and transit to ensure the adequate protection of and assistance to vulnerable groups.

¹ Humanitarian agencies responding to the crisis have highlighted the need for such a plan to ensure an appropriate response. See Norwegian Refugee Council et al, (2019). "A Regional Humanitarian Response Plan for an Intensifying Humanitarian Crisis in the North of Central America." <https://www.nrc.no/globalassets/pdf/position-papers/north-of-central-america/a-regional-humanitarian-response-plan-for-the-nca.pdf>.

Introduction

The Northern Triangle of Central America (NTCA)—comprised of El Salvador, Guatemala, and Honduras—is considered one of the most dangerous geographies on earth.² Violence between armed groups in the region has led to unprecedented levels of population displacement—the number of people who fled from the NTCA to surrounding countries increased by 2,249 percent from 2011–2016, and by the end of 2019, the UN expected the 539,500 people to have been displaced from Central America.³ The three countries also had some of the highest average annual female homicide rates in the world from 2007–2012.⁴

U.S. Customs and Border Patrol apprehended 851,508 people at the U.S.–Mexico border in fiscal year 2019, 71 percent of whom were from the NTCA.⁵ If apprehended in the U.S., asylum seekers and migrants are typically subjected to one of two U.S. Government (USG) systems. The first, metering, requires migrants to register with Government of Mexico (GoM) authorities, after which they are placed on a waitlist for the chance to apply for asylum in the U.S. The second, the Migrant Protection Protocols (MPP)—also known as the “Remain in Mexico” policy—requires migrants who have registered for asylum to wait in Mexico until they can complete the asylum process in U.S. immigration court.⁶ Under the MPP, GoM officials have allowed the USG to force nearly 10,000 Central Americans to return to Mexico and await immigration hearings. The processes suspend asylum seekers and migrants in legal limbo while they wait for their cases to be resolved.

Objectives and Methodology

Rapid Gender Analysis Objectives

1. Explore the gendered dimensions of the humanitarian crisis and document the different needs and vulnerabilities of women, children, and other highly vulnerable groups—including LGBTQIA people and persons with disabilities—of asylum seekers and migrants in Mexico’s Ciudad Juárez city.
2. Identify the gender-based violence (GBV) risks and vulnerabilities of the affected population; assess needs and gaps in GBV prevention and response measures; and discern any other related or associated protection risks.
3. Provide targeted recommendations to advocacy organizations, humanitarian actors, policy makers, and service providers on how to deliver a more gender-responsive humanitarian response in key sectors, specifically addressing identified GBV risks and response gaps.

Methodology

CARE’s Rapid Gender Analysis (RGA) methodology provides information about the different needs, capacities, and coping strategies of women, men, boys, and girls in a crisis. RGAs are built up progressively, using a range of primary and secondary information to understand gender roles and relations and how they may evolve during an emergency. RGAs provide practical programming and operational recommendations to meet the different needs of women, men, boys, and girls and other vulnerable populations. They also help ensure that humanitarian responders “do no harm.”

² UN High Commissioner for Refugees (UNHCR). “Central America Refugee Crisis.” <https://www.unrefugees.org/emergencies/central-america/>.

³ Ibid.

⁴ Geneva Declaration on Armed Violence and Development (2015). Global Burden of Armed Violence 2015: Every Body Counts. http://www.genevadeclaration.org/fileadmin/docs/GBAV3/GBAV3_Ch3_pp87-120.pdf.

⁵ Pew Research Center (2019). “What Happening At the U.S.–Mexico Border in 5 Charts.” <https://www.pewresearch.org/fact-tank/2019/11/01/whats-happening-at-the-u-s-mexico-border-in-5-charts/>.

⁶ The USG announced its intention to introduce the MPP policy on December 20, 2018, and the Department of Homeland Security issued the policy on January 25, 2019.

CARE conducts RGAs in areas where CARE is operational as well as where it is not responding but there is little or no analysis about the gendered impact of a given crisis.⁷ In the case of Ciudad Juárez, CARE determined that a RGA would provide analysis and recommendations to support a response that more appropriately mainstreamed gender and principled humanitarian response measures, and which would better inform CARE's work in the countries of origin for asylum seekers and migrants who approach the U.S.–Mexico border.

CARE conducted primary data collection for this report from August 26–30, 2019, in Ciudad Juárez, Mexico, and some initial research from El Paso, Texas. Prior to and after the field research, CARE complemented its primary data collection with secondary data collection.

CARE assessed the general humanitarian situation in Ciudad Juárez to better understand the adequacy and equity of essential services, notably sexual and reproductive healthcare (SRH), as well as GBV prevention and response measures. The assessment did not attempt to cover issues related to legal or other services that are intended to support asylum seekers and migrants navigating the asylum process. Furthermore, while CARE spoke to asylum seekers and migrants who had been held in U.S. detention, the assessment did not attempt to systematically assess asylum seekers' and migrants' experiences in U.S. detention.

Research methods included:

- Three focus group discussions with a total of 61 people;
- Key information interviews with 36 people (25 women and 11 men);
- A review of secondary data;
- Observations:
 - In Ciudad Juárez: During visits to GoM-supported and private shelters, screening facilities, and civil society organizations;
 - In El Paso: At a community-based shelter during intake of asylum seekers recently released from U.S. detention.

The research had several limitations, notably:

- A short timeframe for primary data collection and limited geographic scope.
- USG policies limited access to asylum seekers and migrants in the U.S., prompting the research team to focus on Ciudad Juárez. Although the data collection team did not visit or systematically assess the situation of asylum seekers in the U.S., nearly all asylum seekers interviewed in Ciudad Juárez had been in U.S. detention as a result of the MPP.
- Challenges contacting asylum seekers and migrants living outside of shelters. Although CARE held several interviews with asylum seekers living in rented accommodation, such as hotels, the sample cannot be considered representative.
- The assessment team had difficulty obtaining reliable demographic data on the population surveyed due to the transient nature of the situation.

Consequently, this RGA presents a snapshot of the humanitarian conditions that asylum seekers and migrants in Ciudad Juárez face, but findings cannot necessarily be generalized to other geographic locations along the border where conditions may vary.

⁷ CARE's Rapid Gender Analyses can be found at CARE Insights, <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>.

Findings and Analysis

Gender Roles and Responsibilities

“Sometimes when I am in the shower, away from the children, I cry. It is very hard. I believe that it is harder because men just let the women take care of the emotions of the children.”
– Lucia, 37, Honduran national

Asylum seeking and migrant women reported that their situation was causing family dynamics to shift. Women consistently spoke about the ways in which their children struggled to communicate or articulate their experiences, while they themselves struggled to voice the experiences that they faced on their journeys. For those coming from the NTCA, traditional gender roles and norms dictate that mothers are their children’s chief caregivers, including tending to their emotional needs. Consequently, many mothers bore the burden of their children’s emotional distress, including the anxieties related to separation as family members seek alternate pathways to asylum. Separation often required women and girls to find ways to economically sustain their families and to obtain information to make day-to-day and long-term decisions about the best, safest course of action for themselves and their families as they wait in Ciudad Juárez. The burdens that women and girls carry were complicated by limited external assistance, conflicting information, and an environment of fear and insecurity.

Livelihoods Opportunities

Livelihood opportunities varied depending on the stage of the journey and the person seeking employment. The majority of individuals and families traveling straight from their countries of origin to the U.S. border did not appear to seek income-generating opportunities during the journey, while some individuals traveling on their own stopped along the way to earn money to support onward travel.

After they were released from U.S. detention and awaiting court dates in Ciudad Juárez, asylum seekers and migrants that CARE surveyed differing amounts of success in finding livelihood opportunities. Key informants suggested that asylum seekers and migrants who were able sought employment in the informal economy. In at least one shelter, male asylum seekers engaged in day labor at construction sites, dairies, and factories. Some informants indicated that labor was a requirement for their stay in the available shelters, as a measure to offset the costs incurred for their food and accommodation.

Many female asylum seekers surveyed faced a difficult decision. As daycare for children is not available in most shelters, women with young children were generally unable to leave their children and seek outside work. Key informants also reported that women sometimes sold goods on the street or worked as hotel cleaners, and that some were forced to engage in transactional sex as a survival strategy.

Protection

Women and their families in the NTCA are confronted with a choice between facing threats, violence, and a lack of opportunity at home, or embarking on a challenging and uncertain journey to the U.S. border. Women consistently report that they fear for the safety and well-being of themselves and their children at all points on their journeys, whether at home, traveling to the border, or waiting in Ciudad Juárez. Few measures are in place to mitigate these risks or to support asylum seekers and migrants to manage them effectively.

Risks and Threats in Ciudad Juárez

Women consistently reported that their primary security concerns in Ciudad Juárez were kidnapping and extortion. Kidnapping and violence against asylum seekers and migrants is rampant and has been well documented in other assessments and press reports.⁸ In Ciudad Juárez, it is not uncommon for criminals to kidnap asylum seekers and migrants directly after their release back into Mexico, seeking to extort them and their families.⁹ Asylum seekers are easily recognizable by the visible markers of their recent release—such as a lack of shoelaces or the plastic bags they are given to carry their documents and possessions—making them clear targets. While asylum seekers and migrants may not have direct access to significant resources themselves, kidnappers may attempt to extort their family members, instead.

Additionally, many asylum seekers and migrants noted an atmosphere of violence in Ciudad Juárez, reportedly a dangerous city itself.¹⁰ Shelter residents reported hearing frequent gunfire and that they had personally witnessed violent incidents in the city. General insecurity has been compounded by growing animosity and resentment towards asylum seekers and migrants, leading to an increase in intimidation and outright violence against them. In August 2019, masked gunmen entered at least two shelters in Ciudad Juárez, beating and robbing residents in one. Female asylum seekers and migrants staying in shelters reported that they leave those shelters only when absolutely necessary and even then only in groups, seeking safety in numbers. Women's mobility is also limited by a pervasive fear of sexual violence (see the "Gender-Based Violence" section below).

Women and LGBTQIA asylum seekers and migrants consistently reported distrusting authority figures—especially GoM officials and police—and are afraid to report abuse, exploitation, and violence. These fears were partially rooted in concerns of what reporting might mean for their status as asylum seekers, which in turn is fed by the lack of clear and accurate information. Many of the women interviewed reported that there was no one they would trust for support or help if they faced serious problems. Many women also reported believing that limiting their exposure to authorities would significantly mitigate risk to themselves and their families, a belief that significantly deters women from reporting cases of sexual exploitation and abuse (SEA).

'We don't go to anyone for help. We're migrants. We can't trust anyone.'
— Lucia, Honduran national

Absence of Risk Mitigation

Processing centers and shelters in Ciudad Juárez lacked even the most basic of risk mitigation procedures. On the contrary, some practices created and potentially compounded the risks that asylum seekers and migrants already faced. Upon arriving at a shelter, few asylum seekers or migrants underwent intake interviews, a practice that would provide a systematic opportunity for vulnerability screening. Few shelters communicated information on available services to asylum seekers and migrants, and few, if any, had systems that allowed residents to raise complaints or concerns about issues such as SEA in a safe and confidential way. In several facilities that CARE visited, women, men, boys, and girls shared common spaces for all daily activities, including sleeping, while bathrooms and showers were often located in publicly accessible spaces and did not have locks, adding to the risk of

⁸ Human Rights First (2020). "Delivered to Danger: Trump Administration Sending Asylum Seekers and Migrants to Danger." <https://www.humanrightsfirst.org/campaign/remain-mexico>.

⁹ Ibid.

¹⁰ Los Angeles Times. Kate Linthicum. (2019) "Five of the Six Most Violent Cities in the World are in Mexico, Report Says." <https://www.latimes.com/world/la-fg-mexico-tijuana-violence-20190314-story.html>.

SEA of vulnerable populations. Service providers and advocates relayed rumors of SEA among residents, including stories of “men who were getting too close to children.”

Gender-Based Violence

Many female asylum seekers and migrants from the NTCA indicated that they had fled because of threats of violence against themselves and their families, particularly threats to young boys. Mothers of boys reported that their children had been threatened with death if they did not join gangs; in some cases, the mothers themselves were threatened with death if they did not give their children to a gang. Families and children were threatened with violence, including rape, if they did not pay bribes to gangs. Media reports and needs assessments have consistently indicated that high levels of violence against women in Central America, including domestic violence, motivate them to flee their countries of origin.¹¹

Sexual violence, harassment, and abuse appear to be commonplace during the journey to the U.S.–Mexico border, and women reported adopting a variety of coping mechanisms to manage the threat and consequence of sexual violence. The most common approach cited was carrying emergency contraception to prevent unwanted pregnancies resulting from the SEA and rape that female asylum seekers and migrants anticipated. Key informants reported the establishment of sexual relationships with male travelers who in return offered protection to single women and their children, if necessary, on the journey. Respondents reported that transactional sex was a coping mechanism for many women while traveling and in Ciudad Juárez.

Reliable information about the prevalence of SEA of minors is hard to come by, but mothers expressed significant concern for their adolescent and teenage daughters, whom they believe are especially vulnerable. In these cases, mothers report keeping their daughters under close supervision in order to try to mitigate the risks they face.

“One of my husband’s friends was kidnapped for two months during the journey to the border. He told my husband to take care of our daughters. Because during the time he was kidnapped he saw all the awful things they do to women. They rape them.”

– Lucia, Honduran National

In Ciudad Juárez, asylum seekers and migrants reported significant fears of extortion and kidnapping, and several advocates noted that women are particularly vulnerable to sexual assault when they are kidnapped. Key informants also indicated that kidnappers sometimes traffic women into sex work.

Services for GBV Survivors

According to Mexican law, survivors of sexual violence are entitled to non-discriminatory access to clinical management of rape (CMR) services, which include emergency contraception, safe abortion care, sexually transmitted infections and HIV preventative assistance.¹² Rape survivors do not need to submit a criminal complaint in order to access CMR and survivors over the age of 12 do not need parental consent to access care.¹³

In reality, however, women’s and girls’ access to CMR services appears to be limited. Some shelters did offer women private consultations with counsellors and health educators, CARE did not observe

¹¹ UNHCR. (2015) Women on the Run: First-hand Accounts of Refugees Fleeing El Salvador, Guatemala, Honduras, and Mexico. <https://www.unhcr.org/publications/operations/5630f24c6/women-run.html>.

¹² Government of Mexico. (2009) Norma Oficial Mexicana NOM-046-SSA2-2005. <https://www.cndh.org.mx/DocTR/2016/JUR/A70/01/JUR-20170331-NOR19.pdf>.

¹³ Ibid.

standard protocols to ensure privacy, confidentiality, or systematic screening and referral for GBV services. It was unclear whether shelter staff were aware of CMR services. Several advocacy organizations noted that the pervasive social stigmas associated with sexual violence, emergency contraception, and abortion services acted as a powerful deterrent that prevented some women and girls from seeking care. In addition, several informants noted that the strong faith-based orientation of most shelters created an environment where women were unlikely to feel safe openly discussing sexual health and GBV or to seek referral for CMR services.

Additional Protection Concerns for Vulnerable Groups

Under the MPP, asylum seekers who are members of certain vulnerable populations—including women who are more than 6 months pregnant and disabled or LGBTQIA persons—are eligible for humanitarian parole, which allows them to complete their court hearings in the U.S., outside of detention. However, this policy is inconsistently applied; CARE heard reports of vulnerable individuals being held in detention centers as well as being returned to Mexico.

Asylum seekers with special vulnerabilities who have been returned to Ciudad Juárez face complex barriers to accessing services, and government officials, relief agencies, and shelter operators have not taken adequate measures to reduce and mitigate risk for these asylum seekers.

Pregnant Women

Women who are more than six months pregnant when they seek asylum are generally exempt from the MPP. However, the assessment team observed and met with women who had been “returned to Mexico” and who were likely over six months pregnant or would have been by the time of their first asylum hearings.

Asylum seekers and migrants in Ciudad Juárez have three months’ access to *Seguro Popular*, GoM-provided healthcare.¹⁴ Women covered by *Seguro Popular* reported feeling confident that they could access antenatal, obstetric, and newborn care in government clinics, albeit with concerns about safety and the cost of transport, which may limit their ability to reach health facilities. After the first three months, shelters do not provide consistent in-house services or information on other available health services. One shelter was located near a new government clinic that offered free and low-cost health services to women, including asylum seekers; two other shelters hosted visiting health professionals who offered group and individual health education for pregnant women; and one shelter had no health services at all. In addition, many of the pregnant women whom CARE spoke to were unclear about the citizenship status of infants born in Mexico and how this might affect their asylum claims.

People Living with Disabilities

Migrants and asylum seekers living with disabilities reported facing indifference and elevated risks. CARE did not find any measures in place to ensure that asylum seekers and migrants living with disabilities had equitable access to information or services, or to mitigate the particular risks that they face.

LGBTQIA People

LGBTQIA asylum seekers and migrants face particular vulnerabilities, including discrimination, economic and social exclusion, interpersonal violence, and sexual violence. These vulnerabilities, including rejection by family members and threats to their lives, have driven many LGBTQIA people to flee the

¹⁴ Government of Mexico. (2014). Otorgan Seguro Popular a Migrantes. <https://www.gob.mx/salud/prensa/otorgan-seguro-popular-a-migrantes-7519>.

NTCA. Interviews with transgender women and queer individuals revealed that many LGBTQIA people experience GBV at multiple points in their journeys to the border and live with a constant fear of violence in Ciudad Juárez. Discrimination leaves transwomen with few livelihood options; consequently, some reported that members of their community have turned to transactional sex to survive in their countries of origin, en route to the border, and in Ciudad Juárez. Threats to transwomen did not diminish once they reached the city. According to the transwomen interviewed, at least seven transwomen were murdered in Ciudad Juárez from January–August 2019. Residents of a shelter that houses LGBTQIA asylum seekers and migrants reported that they regularly search for vulnerable LGBTQIA asylum seekers living on the street to bring them into the shelter. Due to safety concerns, these searches were only conducted in groups. Once inside the shelter, security concerns prevented LGBTQIA residents from leaving more than a few times during the months that they wait to complete asylum hearings.

Children

Every shelter that CARE observed housed infants and small children who were accompanied by a parent or family unit. One well-resourced private shelter provided classes for school-aged children, and some shelters had make-shift play areas, but CARE found that few children of asylum seekers and migrants could access formal education. Instead, they spent their days in overcrowded multipurpose areas where adults and children alike live and sleep.

As noted above, asylum seekers and migrants reported particular concerns for adolescent and teenage girls, whom they believe face a heightened risk of SEA. There was a general belief amongst the asylum seekers and migrants that CARE met with that adolescent and teenage girls were particularly attractive to actors who might seek to do harm to them, including but not limited to the risk of sexual violence. Respondents noted that this was a concern at all points along their journey.

Access to Services and Resources

Screening, Service Referral, and Coordination

CARE did not observe or learn of any systematic, confidential intake processes to screen asylum-seekers and migrants for urgent service at community-based shelters, while GoM screening procedures were neither comprehensive nor unbiased. GoM officials screen asylum seekers and migrants upon their return from the U.S. These screenings take place in crowded public spaces with no confidentiality although GoM officials ask for sensitive information, including direct queries about the asylum seeker's HIV status and whether or how they are receiving money from family members outside of Mexico. There are indications that GoM officials are discriminatory in their assessment of asylum seekers' needs and the information they provide. For example, one GoM official described referring some asylum seekers who they subjectively perceived to be "gay" for HIV/AIDS services, and made subjective judgements about which asylum seekers would or would not receive information about how to access services or benefits based on their perceived "worthiness" or "neediness". Furthermore, although some service delivery and advocacy organizations are co-located with the GoM, it is unclear whether and how service referral takes place.

Shelter

Asylum seekers and migrants typically have two shelter options: community-based shelters, or rented accommodation. Many opt to live in shelters, which are usually run by local religious communities or families who have offered to take in displaced people. Others live in shared rented accommodation, either flats or hotel rooms, frequently with multiple families sharing small living spaces. Some asylum seekers may live on the street.

This RGA focused primarily on those living in shelters, so findings are primarily related to conditions in those spaces. CARE could not observe or conduct interviews with asylum seekers or migrants living outside these shelters, but reports from service providers indicated that conditions in some motels and rented rooms were unsafe.

Private shelters are generally managed by individuals without specific training to support the volume of asylum seekers and migrants or the complexity of their needs. CARE noted exhaustion and burn-out among some service providers, including frustration with the needs of asylum seekers and migrants in their care for extended periods of time.

As previously noted, most shelters observed did not screen in meaningful ways for vulnerability and lacked adequate sleeping spaces and sanitation facilities. Sleeping rooms were often crowded, with some individuals sleeping on mats on the floor or on church pews. Few shelters had sufficient toilets or shower facilities; one had just two toilets for 70 residents. In several of the facilities that CARE visited, women, men, boys, and girls shared the same common spaces for all purposes, without any separation, with the bathrooms and showers in publicly accessible spaces without locks.

All of the community-based shelters that CARE visited provided access to adequate food and water, although some shelter residents noted poor access to fresh vegetables, fruit, and other nutritious foods. Shelters often rely on food donations from local religious communities or neighbors, and donations from individuals abroad. Some residents supplemented existing resources with small monetary donations to pooled funds. Basic sanitation supplies—including sanitary napkins, soap, toilet paper, and toothpaste and toothbrushes—were available but in short supply and some shelters had instituted careful rationing systems, such as handing out a few pieces of toilet paper to each resident. With the exception of one well-resourced shelter, staff and volunteers noted that their lack of resources caused significant stress. One shelter director worried about food on a daily basis and feared that she would not be able to feed all of the shelter residents.

In early August 2019, the GoM opened the Centro Integrador Para El Migrante Leona Vicario shelter for asylum seekers and migrants returned from the U.S. to Mexico under the MPP. The intention was for all asylum seekers returned under the MPP to be transferred from the border to the federal shelter, where they would receive two weeks of housing, legal assistance, and other services. While GoM officials separated single men, single women, and families into separate sleeping spaces, vulnerability screening were limited and took place in open areas that lacked confidentiality. A single male staff member is available to take complaints; women are encouraged to complain to local NGO that was visiting the shelter one day per week.

Healthcare Services

Asylum seekers and migrants from the NTCA have limited access to health care while they travel to the U.S.–Mexico border. They often arrive in Ciudad Juárez with untreated chronic conditions, injuries, or illnesses suffered during the journey or, in some cases, resulting from the violence that drove them to migrate. While CARE did not assess health conditions resulting from U.S. detention, respondents estimated that a majority of those released from U.S. detention centers returned to Mexico with health problems that included respiratory and gastrointestinal illness.

In Ciudad Juárez, neither GoM agencies nor community shelters offered systematic screenings or referrals to health services to asylum seekers and migrants, although asylum seekers in Ciudad Juárez are entitled to register for three months of health insurance through *Seguro Popular*. A majority of respondents in shelters reported that they could register for this benefit once they settled into shelters. After registration, asylum seekers and migrants could access free basic healthcare through GoM facilities, but faced cost barriers to some procedures and medicines. Whether founded or not, asylum

seekers and migrants also expressed concern that they would be denied services or experience discrimination unless they were accompanied by an advocate. LGBTQIA asylum seekers reported incidents of mistreatment and refusal of care.

Most asylum seekers' and migrants' *Seguro Popular* benefits expire before their first hearing, as the wait time for court hearings can take months. The GoM does not have a system in place to ensure care after the initial three-month period. Those who require ongoing healthcare can only access it with support from advocacy organizations or individual advocates that help them navigate the healthcare system and negotiate on their behalf. Demand for such advocacy far outstrips supply and the advocacy that does exist is neither consistent nor systematic.

Seguro Popular includes no or low-cost access to SRH, including access to modern contraception, prevention and care for HIV and sexually transmitted infections, and obstetric care. Women in one shelter located near a new GoM free- or low-payment clinic reported that they could attend it with no problems, regardless of their insurance status. It was unclear how other women would access SRH after their *Seguro Popular* benefit ended.

CARE was not able to assess how asylum seekers and migrants living outside of shelters accessed healthcare. However, the team did learn of one promising practice: a Ciudad Juárez-based community health organization that provides non-shelter resident asylum seekers with some assistance navigating the health care system, helps arrange referrals to drop-in health services for asylum seekers and migrants living outside the shelters, and that hired an asylum seeker to conduct street-based outreach,. The community organization also offers harm-reduction-focused drop-in services for sex workers and injecting drug-users two days each week that include showers, laundry, meals, group and individual counselling, needle exchange and bleach kits, condoms and lube, and medical care. With some funding and technical support from an international organization, the community organization also launched drop-in services—including medical screenings and provision of emergency contraception and condoms—for female asylum seekers once per week, which have been well attended. While this organization offers a promising example of service provision for asylum seekers and migrants living outside of shelters, the demand exceeds what the organization can supply.

Although people living with HIV/AIDS may not have had access to HIV treatment in their countries of origin, and/or likely experienced treatment interruption during their journey to the border, GoM policy allows universal access to antiretroviral drugs, including asylum seekers.¹⁵ In reality, however, HIV-positive asylum seekers and migrants likely experience complex barriers, such as inadequate information and social stigma, to care in Ciudad Juárez. HIV-positive Asylum seekers and migrants may need assistance registering for *Seguro Popular*, and may have to wait several weeks to access care after registration. The community health organization described above provides short-term, gap-filling access to antiretroviral drugs, as well as assistance registering for GoM health care, but is unlikely to meet the needs of all asylum seekers and migrants living with HIV/AIDS.

Participation

Participation in programs and assessments

The affected population and service providers alike reported “assessment fatigue” from the many journalists, researchers, and advocacy organizations documenting the crisis in Ciudad Juárez. Despite

¹⁵ Immigration and Refugee Board of Canada. (2008) “Mexico: The Availability and Accessibility of Medication to Treat Individuals Who Are HIV Positive; Whether the Individual Has to be Employed in Order to Access HIV Medication.” <https://www.refworld.org/docid/4885a91b28.html>.

this, CARE did not observe any mechanisms to assess the priorities needs and experiences of asylum seekers and migrants or to develop and monitor assessment-based service packages.

Decision-making about humanitarian services

Service providers largely and subjectively determined what type of services to provide. CARE did not learn of any mechanisms or systems by which asylum seekers and migrants could make their own needs or wants known or provide consistent feedback on the adequacy, quality, and equity of the services provided.

Women's organizations and other civil society organizations

Several non-governmental organizations in Ciudad Juárez provided professional case management, service negotiation, psychosocial support, and legal services to asylum-seekers and migrants, but these organizations often faced resource and capacity constraints that hindered their ability to deliver assistance at scale.

When resources were brought to bear, community-based organizations could increase their service provision. For example, one particularly active community-based organization serving vulnerable women and young people received additional funding and was able to provide asylum seeking and migrant women and youth with case management services; service negotiation and *Seguro Popular* application assistance; psychosocial counselling; and dignity kits, which include basic and menstrual hygiene supplies. The organization also provided legal advice to asylum seekers and legal services for GBV survivors where the survivor wished to file a criminal complaint, and a unique service that supported GBV survivors to present themselves to U.S. immigration officials and claim asylum, and then connected them to a U.S. legal network to ensure that they had legal representation in the U.S. Two other well-established women's organizations were providing case management, legal, and shelter services to GBV survivors and asylum seekers and migrants at the time of CARE's research.

During the research period, an El Paso, Texas-based network of advocacy organizations and human rights lawyers was providing advocacy support and legal services to individual asylum seekers on both sides of the border, as well as emergency case management and service negotiation for particularly vulnerable individuals and families. The network, however, was over-stretched and under-resourced and could not address the volume and complexity of needs.

Recommendations

These recommendations are intended to support relevant actors to establish processes and practices that more effectively assess vulnerability, mitigate the risk of harms, and ensure that vulnerable asylum seekers and migrants in Ciudad Juárez can access care. Recommendations related to American and Mexican immigration policy reform fall outside the scope of this RGA, but humanitarian actors, human rights organizations, and migrant rights organizations have called on the USG to review and reform the MPP to ensure that the U.S. does not contravene international law regarding the non-refoulement of asylum seekers where there are substantial grounds for believing that the person would be at risk of irreparable harm upon return to their country of origin.¹⁶

All Actors Should:

- **As a matter of urgency, prioritize the health, safety, and well-being of vulnerable migrants and asylum seekers in Ciudad Juárez—particularly women, children, people living with**

¹⁶ UNHCR. "The Principle of *Non-Refoulement* Under International Human Rights Law." <https://www.ohchr.org/Documents/Issues/Migration/GlobalCompactMigration/ThePrincipleNon-RefoulementUnderInternationalHumanRightsLaw.pdf>.

disabilities, and LGBTQIA individuals—through appropriate and systematic vulnerability assessments and the adoption of a risk mitigation approach.

- Systematically assess, at all levels, the vulnerabilities associated with age, gender identity, physical ability, sex, sexual orientation or, and other contributing factors.
- Translate the information arising from those assessments into protocols and procedures that mitigate the risk of harm to vulnerable groups.
- Establish and appropriately resource a monitoring and feedback system to prevent and mitigate harm and ensure accountability, using the Core Humanitarian Standard¹⁷ and international humanitarian standards and principles as a framework.

International Organizations Should:

- **Work with community organizations, the GoM, and governments in countries of origin and transit, to formulate a regional humanitarian response plan aimed at effectively meeting the needs of vulnerable individuals and families affected by this crisis.**
- **Support individuals, organizations, and GoM authorities at all levels to increase the scale, scope, and quality of the existing response in a manner consistent with international humanitarian standards.**
 - International organizations, notably the International Organization for Migration, should assess the capacity of local organizations and operationalize a plan to bolster capacities related to child protection, shelter, and water, sanitation, and hygiene service provision, and the prevention and mitigation of GBV.
 - Work closely with GoM authorities at all levels to establish and implement protocols¹⁸—and the capacity to apply those protocols—that reduce vulnerability and mitigate risks, particularly regarding the health and protection of asylum seekers and migrants.
 - Establish interagency coordination mechanisms in line with international standards. Ensure that these mechanisms work in concert with relevant GoM systems and are inclusive of local service providers and civil society.
 - Increase sub-grants and flexible funding for local organizations. Link funding and other types of support to a longer-term capacity support and coordination plan to increase the quality of the response.
- **Support local authorities and organizations to establish robust protocols to prevent, mitigate, and response to GBV.**
 - Provide technical expertise and guidance to GoM authorities and organizations to support the establishment of clear, practical, and survivor-centered GBV protocols that draw from and

¹⁷ Core Humanitarian Standard. "The Standard." <https://corehumanitarianstandard.org/the-standard>.

¹⁸ The protocols should include confidential vulnerability screenings, clear referral pathways in cases of suspected gender-based violence or child protection problems; and should adopt a survivor-centered approach.

adapt global standards such as the Interagency Standing Committee Guidelines for Integrating GBV Interventions in Humanitarian Action.¹⁹

- Advocate for and help establish effective, confidential referral pathways for GBV survivors, including for the clinical management of rape.
- Appoint trained personnel to serve as focal points to support the development, dissemination, and implementation of these protocols.
- **Ensure that asylum seekers and migrants have consistent access to reliable and appropriate information regarding services, including shelter options; legal services; GBV reporting and support mechanisms; and SRH service providers. The information must adequately address the needs of vulnerable groups.**
 - Information about access to SRH and services for GBV survivors should be routinely provided at all intake centers to every person registering with GoM authorities.

Service Providers, Including Shelter Providers, Should:

- **Take immediate actions to mitigate the risk of harm to vulnerable groups.**
 - Create separate rest and sleeping spaces that are appropriately segregated by age, gender, and sex. Ensure that families traveling as units can stay together but that single women, women with children, and LGBTQIA individuals are safeguarded in separate sleeping areas.
 - Take immediate measures to increase the safety and security of women, children, and other vulnerable individuals by making physical improvements to shelters including but not limited to adding locks to bathroom and shower doors, ensuring adequate lighting around bathrooms, and improving perimeter fencing.
- **Adopt gender-sensitive approaches to service provision and increase accountability to shelter residents, particularly regarding the prevention of SEA.**
 - Establish protocols to prevent and respond to SEA incidents perpetrated by shelter residents, staff, or volunteers. Ensure that the system enables confidential reporting and creates accountabilities for staff to adhere to regulations managing sensitive information.
 - Provide training and tools to ensure that shelter staff and volunteers have the skills and support to fully implement prevention of SEA protocols.
 - Establish confidential, objective complaints and feedback mechanisms for shelter residents. Ensure that every shelter has at least one trained, female, focal point in place to receive complaints and feedback, particularly those relating to SEA. Inform shelter residents of the protocols that are in place and make sure that they understand how to make a complaint, should they wish to.

¹⁹ Inter-Agency Standing Committee (IASC). "IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015." <https://interagencystandingcommittee.org/working-group/documents-public/iasc-guidelines-integrating-gender-based-violence-interventions>.

The U.S. Government Should:

- **Uphold the right to seek asylum and the international obligation to not return individuals to their country of origin where there are substantial grounds for believing that the person would be at risk of irreparable harm upon return.**
- **Provide robust humanitarian and development assistance to address the root causes of displacement in countries of origin and transit to ensure the adequate protection of and assistance to vulnerable groups.**

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CARE works with poor communities in developing countries to end extreme poverty and injustice.

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