HUMANITARIAN SITUATION OF PEOPLE ON THE MOVE ACROSS CENTRAL AMERICA
EXECUTIVE SUMMARY

PRELIMINARY CONTEXT

Between 15 December 2023 and 19 January 2024, Consortium partners jointly conducted a needs assessment across Guatemala, Honduras, Nicaragua, Costa Rica, and Mexico. This collaborative effort adopted a coordinated approach to conduct key informant interviews in five countries. Interviews focused primarily on the first-hand experiences of migrants and refugees in transit through Central America, and increased the data available to guide humanitarian response with a particular focus on protection and health needs. Over 929 beneficiaries, comprising migrants and refugees, actively participated in the assessment.
The year 2023 was marked by high migratory mobility in the Americas (IOM, 2024). This was accompanied by a growing need for protection, integration and regularization measures. Migration in the Americas occurs both within subregions (Central America, the Caribbean and especially South America) and at the continental level, mainly from the South, the Caribbean and Central America to Mexico and the United States, but with returns (both voluntary and involuntary) from that border to the countries of origin of Central American and some South American migrants and refugees.

In the Americas, in general terms, most entries into the countries of origin are through official channels and using regular routes. However, a growing number of migrants in highly vulnerable situations resort to informal channels, using unofficial crossing points in conditions of high risk and exposure. The combination of different routes, origins and destinations generates a complex and dynamic map of routes: with predominant movements in South-South and South-North directions, complemented by migratory flows within the Caribbean and arrivals from Africa and Asia, in addition to a more limited flow of Europeans.

In Central America, a migratory route has been consolidated for certain Caribbean and African nationalities; a greater flow of people entering Honduras from these places has been identified, in relation to these nationalities entering through the province of Darien, in Panama. With the increase of migrants in transit or recently settled, the demand for humanitarian assistance services and integration programs to facilitate access to essential services has intensified. The Honduran Migration National Institute recorded 545,043 irregular entries in 2023, compared to 188,858 recorded in 2022, an increase of 188% in the last year:

A joint monitoring effort of UNHCR-WFP in Q2 2023 showed that the number of protection events in Central America has significantly increased. This is anticipated for two primary reasons. Firstly, the substantial surge of individuals at border points, particularly evident in locations like HN, where, as per the INM report spanning from 1 January to 31 December 2023, a noteworthy 545,043 people irregularly entered—marking a threefold escalation of 188% in comparison to 2022. Secondly, at that moment, the lack of an extension to the migration amnesty forces migrants to contemplate alternative and riskier routes, thus enabling such activities (SITREP N°15 - LIFE Honduras Consortium, 2023 – Action Against Hunger and ChildFund as Consortium partners) - Although it has already been approved-. U.S. Customs and Border Patrol has also reported a steadily increasing number of encounters at the U.S. southern border, confirming increases in total migration numbers (Cato Institute 2023).

As regards vulnerability, migrant children and women are always the most affected. According to UNICEF estimates for 2024, children make up around 1 in 5 of the migrants crossing the Darien jungle, and they are the group whose numbers are increasing the fastest along this border. Although efforts to protect immigrant children are expanding, a critical issue is the lack of doctors and medicines available to children with complex medical conditions such as epilepsy, severe burns, asthma, allergies, autism, or Down syndrome (Experiences of migrants in transit across Honduras with a special focus on childhood - LIFE Honduras Consortium, 2023).
The survey was conducted among 929 people at seven points along the Central American transit route:

**PATHWAY 5500: CENTRAL AMERICA MIGRANT HEALTH AND PROTECTION INITIATIVE**

**Figure 02.** Location of the interviews

The survey was conducted mostly among men (59.4%), although the frequency between men and women differs depending on the point of data collection:

**Figure 03.** Gender of respondent, by country

The average age of respondents is 33 years, but there are differences between men and women: the average age of women is 32 years, while the average age for men exceeds 33 years.

Sixty-nine percent (69%) of the respondents were of Venezuelan origin, followed by Colombians (11%), Ecuadorians (5%), Nicaraguans (4%) and Haitians and Hondurans (3%). The predominant language of the respondents is Spanish, although 2% of the respondents spoke another language (mainly English).
WAY OF TRAVELLING

Lack of employment opportunities in the country of origin is the main reason for migrating (69%), the rest of the reasons are secondary (less than a third of the population), as shown in the following figure:

Figure 04. Reasons for migrating

The differentiated analysis by groups allows us to identify, within the five main reasons, the differences in the reasons for the trip (See figure on next page):

Although the first cause of migration is maintained for all population groups, there are differences in the frequencies among the remaining reasons: in the case of men and women, the latter value more the ability to provide work opportunities for their children, this can also be related to the fact that women carry the burden of care and domestic tasks in the families, therefore they recognize the importance of their children having a better future, while men are more interested in fleeing from conflicts and insecurity, this is directly linked to the productive-public aspect of men, so they are more exposed to violence and insecurity in the streets.. Among age groups, future opportunities for sons and daughters are observed in the older age groups, while the younger groups present a higher frequency in the lack of employment opportunities.

The socioeconomic conditions of the countries of origin are the main driving force for undertaking a trip of these characteristics, with differences being observed among the nationalities of origin. There are two reasons that vary significantly among the groups: on the one hand, job performance, where for more than a third of Cubans, Venezuelans and Colombians it is the second cause of mobility. In the case of conflict and insecurity, it is the second cause in Ecuador, Honduras and Haiti.

Most of respondents had the USA as their final destination (91%), although the tendency to choose this as a destination decreased along the route, choosing other countries such as Mexico or Canada. One percent (1%) of the respondents intended to return to their country, mainly those surveyed on the Mexican border. On average, they have been traveling for more than 27 days, although there is a high variability between points along the route, which is related to the means of transportation used.

Of the total respondents, 58% are traveling with their family, 28% are traveling with friends, and 17% are traveling alone. Analysis of this data by gender shows that it is mainly men who travel alone or with friends, while women prefer to travel with family:

Figure 05. Way of travel, by gender

In terms of age, there are no differences in the average age in terms of the form of travel, although it is observed that more than a third of the people traveling with
friends are under 25 years of age, while the average age in the rest of the groups exceeded 32 years, both for men and women.

It is important to analyze within the family groups, those that present a greater vulnerability when taking the route: the presence in the group of pregnant or breastfeeding women, small children, older adults or people with some type of difficulty. Nuclear families (formed by two parents) represent 42% of the families observed, with an average of 5 people per family. Single-parent families (consisting of only one parent) represent 32% of the total families surveyed. Within the group of respondents, the number of single-parent families headed by men is very similar to the number of families headed by women. In relative terms, however, the percentage of women traveling alone with their sons and daughters is relatively higher than that of men traveling with their sons and daughters (31% versus 21% respectively of the total). This is important because the fact that a woman travels with her children exposes her to greater risks of abuse and violence, as well as her daughters. Women are the ones who may receive suggestions of economic support in exchange for sexual favors, in addition to the commercial sexual exploitation of girls and adolescents by their guardians. The rest of the families are considered mixed: several families travel together, so any situation of vulnerability can be found, and a very low percentage (3%) are families led by older adults.

In order to analyze the level of vulnerability according to the family group, an analysis of the aforementioned characteristics was carried out between nuclear families and single-parent families, and within these, between families headed by women and those headed by men.

The choice of route is directly related to family vulnerability conditions. Of those surveyed, 52% choose the current route to avoid deportation, 33% prefer to pass through places where they know they will be able to receive some type of assistance, 31% to avoid abuse by the authorities, and only one person out of four (24%) chose the route to reduce travel time. These percentages vary according to the type of family observed:

**Figure 06. Reasons for route choice**

In general, family groups give more importance to passing through places where they feel protected and can be supported by an organization, while people traveling alone choose the route to avoid the risk of deportation. In addition, the population group that is most interested in reducing the time are single-parent families, which, as noted in the previous sections, were mostly women traveling with their children and young daughters.

The preferred means of transport along the route vary at each of the points analyzed, the main preference being walking or buses.

The choice of the route as well as the means of transportation is closely related to the forms of communication on the route. More than half of the respond-
ents (56%), communicate about the trip through Whatsapp groups with other migrants. Almost half of the population (48%) does so through direct communication with other migrants during transit. Finally, a quarter of respondents use social networks, and only 18% are informed through information posts provided by NGOs. However, 63% of respondents do not feel informed on the route, highlighting the main information needed being about safety on the route, followed by asylum processes, and available humanitarian services in each country. The percentage of women who do not feel informed is higher than the percentage of men who do not feel informed.

Nearly half of the respondents are financing the trip through savings from work (48%), although 40% have had to sell everything in order to raise the money to finance the trip. One in four people have had to take out a loan, and also one in four are begging on the street. The points where the highest spending is observed are Nicaragua and central Guatemala, with Honduras appearing to be the country with the lowest per capita spending on the route:

**Figure 7.** Expenditure per capita (USD), by location

In terms of spending, differences are observed between nuclear families (an average of US$14 per person per day) and single-parent families (an average of US$15 per person per day). In addition, if there are children under 5 years of age in the family, the expenditure decreases to 10 USD per person per day, compared to 19 USD per person per day in families without children under 5 years of age.
72% of the people surveyed received some type of assistance along the way. This assistance consists mainly of food (58%), medical care and lodging (31%).

**Figure 8.** Type of assistance received during the journey

As for the needs according to the type of family, the following table shows the differences between the groups:

**Figure 10.** Needs of the population, according to type of household

<table>
<thead>
<tr>
<th></th>
<th>Food</th>
<th>Transport</th>
<th>Lodging</th>
<th>Monetary Assistance</th>
<th>Medical Care</th>
<th>Bathrooms and hygiene services</th>
<th>Clothing and footwear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear Family</td>
<td>69%</td>
<td>41%</td>
<td>38%</td>
<td>36%</td>
<td>29%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td>Single parent Family</td>
<td>65%</td>
<td>36%</td>
<td>40%</td>
<td>34%</td>
<td>27%</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>People with difficulties</td>
<td>46%</td>
<td>38%</td>
<td>38%</td>
<td>25%</td>
<td>33%</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Persons traveling with people with difficulties</td>
<td>63%</td>
<td>43%</td>
<td>49%</td>
<td>24%</td>
<td>28%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Families with children under 5 years of age</td>
<td>60%</td>
<td>41%</td>
<td>35%</td>
<td>35%</td>
<td>24%</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Families with older adults</td>
<td>50%</td>
<td>57%</td>
<td>29%</td>
<td>36%</td>
<td>21%</td>
<td>21%</td>
<td>14%</td>
</tr>
</tbody>
</table>
The main concerns along the route include health problems (47%), not having to eat (47%) and deportation (47%), which in general terms, and are the same for both men and women. However, women’s concerns increase in suffering violence during the trip (24% of women versus 16% of men), and family separation (32% of women versus 16% of men).

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Action Against Hunger distributes basic food kits to migrants in Trojes.
©Gonzalo Höhr / Action Against Hunger
**PROTECTION**

85% of the respondents travel with some form of identification document, the main one being the national identity card (64%). Only one third of the respondents had a passport. Thirteen percent (13%) of the respondents had no travel documents with them, as most of them had never had them (48%). A high percentage (34%) of those who had no documents with them stated that they had been stolen during the trip.

63% of respondents do not feel informed on the road. The percentages between men and women vary with women feeling less informed on the road (66% vs. 61%). The main information needs are summarized in the following figure:

Figure 11. Information Needs

The analysis of access to services available in the receiving countries was carried out. The question was aimed at those services the migrants had wanted to access but could not, the main ones being banks, social assistance services and health services. The main reasons are related to the dangers to which they feel exposed: denial of service, lack of information or irregular migration status. Only 35% of respondents felt that they had not needed to use services in the countries through which they had passed. However, within the group of people who did not attempt to access, there is a high percentage of the population (33%) who have not been able to access due to lack of information about these services and providers, or for fear of being detained or deported.

“**When I went through Guatemala I was run over and did not receive any assistance, I asked for help from the police, but I did not receive any help. My son became very distressed because of the accident and I encouraged him to continue. I got very serious, I got very little better and returned to Honduras, staying in Choluteca. I have been here for five months waiting for a humanitarian flight to help me return to Venezuela.**

Venezuelan woman, El Paraíso, 2023
PROTECTION RISKS

Many documents point to the systematic exposure to violence faced by migrants, particularly in Guatemala, Honduras and Nicaragua. Secondary findings were confirmed by primary evidence, as many migrants and refugees feared protection risks along the route. Eighty-one percent (81%) of migrants and refugees considered the route to be “Quite” or “Very” dangerous, and 60% considered the route to be very dangerous. From this question, Nicaragua was identified as a more dangerous place than any other region (91%), although the differences among the other countries were not statistically significant. Similarly, gender did not significantly change the sense of danger along the route.

Ten percent (10%) of individuals also had a disability or were traveling with a group member with a disability, adding to the increased risks faced by migrants and refugees along the route.

Deportation was also considered a major concern, as it was the second biggest concern of migrants and refugees along the route (47%), behind only ensuring their own health (53%). Other major concerns along the route are not having enough food (47%), border closures (38%), followed by lack of money (37%). These figures largely coincide between genders, although women are more fearful of being victims of physical or sexual violence (24%) than men (16%). This gender difference is consistent and will be discussed further in the section on gender-based violence. These risks also support the observed evidence that migrants and refugees fear visiting refugee assistance centers, such as CAPMIR locations, due to their appearance similar to the state migration infrastructure, and the low-profile nature of migrants in the country.

In many interviews in Guatemala (n=35), respondents reported that over the course of their route, meeting other people who were also traveling was identified as a strong social support network. Thus, small groups of two or three people combined to become groups of between 8 and 15 people.

For example, last night we had to sleep at the border, then some thieves came and stole all our belongings. All the families sleeping there were affected. The children and women were crying. We asked some policemen for help and the request was denied.

Afghan man, El Paraíso, 2023

With the Nicaraguan border just a few kilometers away, Trojes is a town in southern Honduras where hundreds of migrants congregate every day. ©Gonzalo Höhr/Action Against Hunger.
people. “We have become a family,” mentioned one respondent, who is now part of a 12-person “community” of travelers from Venezuela, Ecuador and Colombia. This was seen as a deterrent to physical violence along the route and an emotional support during difficult moments of the journey. Other respondents expressed the strong bonds and social support they felt when traveling with community members, and a positive relationship with migrants and refugees they met along the route. This finding should be investigated further to support future MHPSS programs along the migratory route, and perhaps to increase the quality of information campaigns along the route. In fact, 17% of respondents indicated that they were traveling alone, which appears to be a high protection risk, although this did not appear to change their perception of danger along the route.

GENDER-BASED VIOLENCE

In the previous sections, it was noted that the sense of danger along the route was different between men and women, and that the main threats to women along the route were those related to sexual violence. Therefore, men and women were asked about their perception of these threats related to women and girls. In general, men and women consider that women and girls face more frequent sexual violence, which makes them especially vulnerable in crowded places, or in the case of women traveling alone.

Gender differences in this regard were not significant between men and women, but there were differences between the places where the survey was conducted. Although at any point along the route, the main threat is sexual violence, other types of threats are observed depending on the point along the route where they were found:

In addition, 50% of the people surveyed believe that women who suffer some type of violence cannot turn to anyone because, being transit migrants, they do not have the necessary information to file a complaint and only a minimum number of people are able to locate services aimed especially at women, although the most recurrent are medical care and safe spaces and psychosocial care. Among the main barriers identified for accessing these services are lack of information and fear or shame. Considering the context in which the information is gathered, the language barrier should also be considered. It is important to consider that the complaint management system should be accessible, user-friendly and universal so that it can be understood by everyone.

This graph allows us to know the type of violence and the borders where these situations occur most frequently. It is a priority to have humanitarian attention that prevents this type of situation and where the reporting system is accessible to all those who need it, with trained and sensitized front-line personnel on the prevention and care of cases.
An Action Against Hunger team analyzes the situation on site before starting work. Trojes, Honduras © Gonzalo Höhr/Action Against Hunger
HEALTH

The analysis of health needs includes aspects of psychosocial and physical health. Fifty-three percent (53%) of those surveyed consider health problems to be a concern during the trip.

72% of the respondents felt at least one psychosocial impact during the journey. The main psychosocial effects observed are excessive sadness, fear, and worry, which is directly related to the context analyzed in the previous sections. A quarter of the respondents consider that they do not do anything to manage these emotions, and of those who do manage the situation, they do so mainly by talking to friends and/or family, praying or relaxing.

Eighteen percent (18%) of respondents currently have an illness or injury that requires medical assistance. The main illnesses or injuries observed are gastrointestinal illnesses (19%), prolonged cough (19%), fevers (16%), or muscle (16%) and bone problems. The percentage of people receiving treatment during the route is minimal in any of the cases.

However, of those with an illness or injury, almost half (47%) would be willing to stay for proper treatment. The willingness to stay on site and receive medical care is related to the age of the respondent (over 40 more willing to stay), and to the place where they are located (the farther away from the country of origin the less willing to stay on site to receive medical treatment).

“In the Key Informant Interviews, a very significant increase in the arrival of migrants and refugees to health centers and hospitals during 2023 was reported. About 100 patients/week, in most cases with profiles of children, pregnant women, people with chronic diseases and disabilities, elderly and cases of gender-based violence (GBV). The type of service provided to them are usually outpatient consultations, cures and/or minor surgeries, birth control care, vaccination, family planning, gynecological care, oral rehydration and referral to another level of service. The main barrier is psychological care and pharmacy, due to the lack of human resources and medicines that can be provided to patients free of charge.

We saw dead people, women with their dead children, we saw how people fell when they were climbing the mountains and died when they fell, people who drowned in the river and their bodies were left there, women who had their babies die and they had to leave them lying there.

Venezuelan woman, El Paraíso, 2023

With the Nicaraguan border just a few kilometers away, Trojes is a town in southern Honduras where hundreds of migrants congregate every day.

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As for additional difficulties in being attended to, almost all the people questioned consider that they have a problem with respect to the transportation of migrants, mainly because the place of attention is far from where they usually settle and they do not have their own vehicles with which to solve it. In addition, they point to language barriers (Creole, Portuguese and French) that make it very difficult to attend to certain nationalities. Migrants are unaware of their rights due to lack of information, they do not have sufficient resources to buy medicines and when they need to be referred they refuse for fear of being separated from their support group along the route.

The interviewees reported that in their countries there was no or unknown official protocol or process that determined how to make referrals for the migrant population, except for Honduras-SESAL. This includes Health care guidelines for the migrant population which, in some cases, the medical personnel themselves were not aware of. However, they were aware of cases of deaths that, despite having been reported and referred to the corresponding bodies, had not been repatriated. Regarding the availability of resources and capacities, all reported a lack of equipment for the centers, vehicles to facilitate the mobility of migrants, insufficient personnel such as psychologists and translators, and lack of infrastructure. This in addition to the need to strengthen the capacities of personnel for the comprehensive care of people in transit, with special emphasis on psychological first aid.

“I suffer from this left knee and it has been really difficult to travel with the children and, above all, to walk in the mud in the jungle and on difficult terrain, you can slip on a rock, in a river, in a swamp and lose your life as has happened to many people.

Venezuelan woman, El Paraíso, 2023

As challenges, apart from resolving the obstacles of resources and capacities, raising awareness among pregnant women so that they can stay for the appropriate time for adequate observation (“Some Haitian patients come for delivery and in less than 24 hours they run away and continuity cannot be given”). Another challenge is the coordination spaces of existing entities, this includes accompanying the migrant upon leaving the center to monitor their progress. Finally, legal assistance in all types of situations including asylum and refugee applications, loss of documents, birth registration, etc., is highlighted among key challenges.
NUTRITION

Nutritional monitoring has been carried out as part of the projects being implemented by Action Against Hunger, in southern Guatemala (in the months of November and December), and in southern Honduras, throughout the year. On the Guatemalan border, 573 children were assessed in the last months of the year 2023. The observed rate of children under 5 years of age with some degree of acute malnutrition was 3%. Disaggregation by gender shows that girls have a higher prevalence, reaching 5% of the total evaluated.

In the case of Honduras, with a larger number of data (n=8,341), a trend analysis can be performed to understand the situation of the children. In the previous sections, it was noted that one of the family concerns during the trip was running out of food. In an analysis carried out in 2023 by Action Against Hunger at the southern border, it was observed that the typical diet of people in transit does not reach the minimum calories to be considered acceptable. The situation of malnutrition of girls is directly linked to inequality, because families prefer to feed better or prioritize the feeding of both adult men and boys. It is normal that this situation has an impact on children, and in the case of the southern border of Honduras, the percentage increases to 5% of the total of those evaluated.

There are also differences between boys and girls, with girls being more affected on average. The following figure shows the evolution of children with malnutrition observed in Honduras during the year 2023:

Figure 14. Percentage of children with malnutrition in the southern border of Honduras

The night before, the little we adults had, we had to give it to the children and we were left without food (...). For example, in my case, I give the children a sandwich of a single slice of bread and a slice of ham for the three of them so that at least they have something in their stomach.

Venezuelan woman, El Paraíso, 2023
CONCLUSIONS

Between December 15, 2023 and January 19, 2024, Consortium partners jointly conducted a needs assessment in Guatemala, Honduras, Nicaragua, Costa Rica and Mexico. This collaborative effort included a coordinated approach to conduct key informant interviews in the above-mentioned five countries across the migratory route of Central America.

The field teams faced some difficulties in finding interviewees due to the security situation in some locations (e.g. Izabal, Guatemala), in particular due to the presence of smuggling networks and coyotes. More than 929 beneficiaries, including migrants and refugees, actively participated in the assessment.

The assessment confirmed the secondary information previously collected by the teams. It revealed protection and health challenges, such as violence, displacement and exploitation. In terms of vulnerability, migrant children and women are consistently the most affected. While efforts to protect migrant children are increasing, a critical issue remains, that is the lack of doctors and medications available for children with complex medical conditions such as epilepsy, severe burns, asthma, allergies, autism or Down syndrome.

Migratory flows in the region exceed the limited capacities of host countries and the escalating needs require a coordinated and flexible humanitarian response to provide essential life-saving assistance. There is a large humanitarian gap between the demand for basic assistance from people crossing the region and the response capacity of the state and the humanitarian organizations present.

The surveys conducted show that the situation of women, especially those traveling alone, is more unfavorable in order to make the journey to the United States. On average, women travel with more young children and older adults, are pregnant or breastfeeding, and with a greater number of children with difficulties.

The main reasons for migrating continue to be economic, although almost a third of those surveyed left their country of origin due to conflicts and insecurity. Most finance the trip with savings, which mostly come from work, although a high percentage of the population has sold everything to be able to travel, which prevents them from responding to changes that may occur during the route, and one in four respondents is begging for alms.

Some of the migrants have received assistance along the way, but neither agree nor disagree that their concerns are being addressed fully. More than half of the population needs food, and one-third of respondents need transportation, shelter, and monetary assistance. One in four require medical attention.

They feel that the journey is and has been dangerous, especially women, as not only are they more exposed to sexual violence, but with the current barriers, they do not feel they have anywhere to turn and are not aware of services available to them.

Protection needs and risks persist due to the presence of widespread violence perpetrated by non-state armed groups, social unrest and political and economic crises. During the assessment, it was evident that people face a high level of vulnerability given the conditions of the route, the distance from their protection networks and the multiple scenarios they face that expose them to human rights violations. During transit, migrants are exposed to physical and sexual violence, robbery and theft, extortion, human trafficking, lack of access to basic services and humanitarian assistance, family separation, as well as loss of contact with their family back home and disappearance.

It is important that the humanitarian assistance considers the prevention of violence, abuse and sexual exploitation. In addition, front-line personnel should be sensitized, oriented and trained to refer or deal with cases of violence that occur in temporary rest centers or at points of care points for migrants.

The health sector, like the protection context, has identified specific needs related to mixed migration. Barriers such as poor knowledge of the services available in the public health system, economic constraints, fear of detention and deportation, language barriers and the impossibility of prolonging stay in one place long enough to access adequate public health resources further hinder the full realization of the right to health of this vulnerable population.