DTM

Displacement
Tracking Matrix

Flow monitoring of migrants in
Tapachula and Tenosique, Mexico
Round 1 | Health and Migration | March, 2022

ⓘ TABLE OF CONTENTS

Migrants waiting to be attended by local institutions. Tapachula, Mexico. © IOM 2022

ℹ BACKGROUND

Tapachula (Chiapas) and Tenosique (Tabasco) are the main receiving cities for migrants on the southern border of Mexico. 2021 saw record breaking numbers of migrants entering Mexico through the southern border according to the Mexican Commission for Refugee Assistance (COMAR), which reported 89,636 applications for recognition of refugee status in Tapachula and 7,153 applications in Tabasco . However, the National Migration Institute (INM) reported only 19,273 foreigners documented as permanent residents for refugee recognition throughout the country . In parallel, the INM granted 87,174 Visitor Cards for Humanitarian Reasons (TVRH) during 2021, of which 20,364 were issued in Chiapas and 1,499 in Tabasco, mainly for humanitarian causes, offended person, victim or witness of crime, and applicants for refugee status.

During the second semester of the year, services for migrants in the city of Tapachula were in greater demand. In November, the National Migration Institute (INM) provided buses to transport migrants to other states such as Puebla, Querétaro, Hidalgo, Estado de México, Guanajuato, Sonora, Colima and Jalisco to continue with their procedures.

According to the Migration Policy Unit (UPMRIP), during 2021 there were 307,679 events of foreign persons presented or channeled by the migration authority, of which 76,333 were registered in Chiapas and 44,008 in Tabasco.

At the beginning of the year 2022, the high demand for Mexican authorities in the southern border cities continued; however, the cities have characteristics that make them very different, such as the number of migrants present in them and the services they demand. In the first quarter of the year, 12,509 TVRH were issued; of these, 5,372 were issued in Chiapas, while only 89 were in Tabasco, mainly to people from Haiti (5,271), Honduras (1,585) Cuba (1,316) and Venezuela (965).

During the first quarter of the year, large groups of migrants have continued to form in the city of Tapachula, demanding attention to regulate their stay in Mexico, in addition to the fact that there have been several demonstrations outside the INM Migratory Regulation Offices in Tapachula, which has added pressure for the attention of migrants by the INM.

On the other hand, although Tenosique does not offer a wide range of services like Tapachula, migrants arriving in Tenosique mainly demand housing, employment and health services. Currently, in terms of housing services, only the "Hogar Refugio para personas migrantes La 72" (La 72 shelter for migrants) is available. Therefore, given the limited capacity of the facility, many people sleep on the outskirts of the shelter, in public parks and are left homeless, mainly those who are only passing through the city, or live in rented rooms, especially in those cases where there are intentions of regularization and prolonged stay in the town.
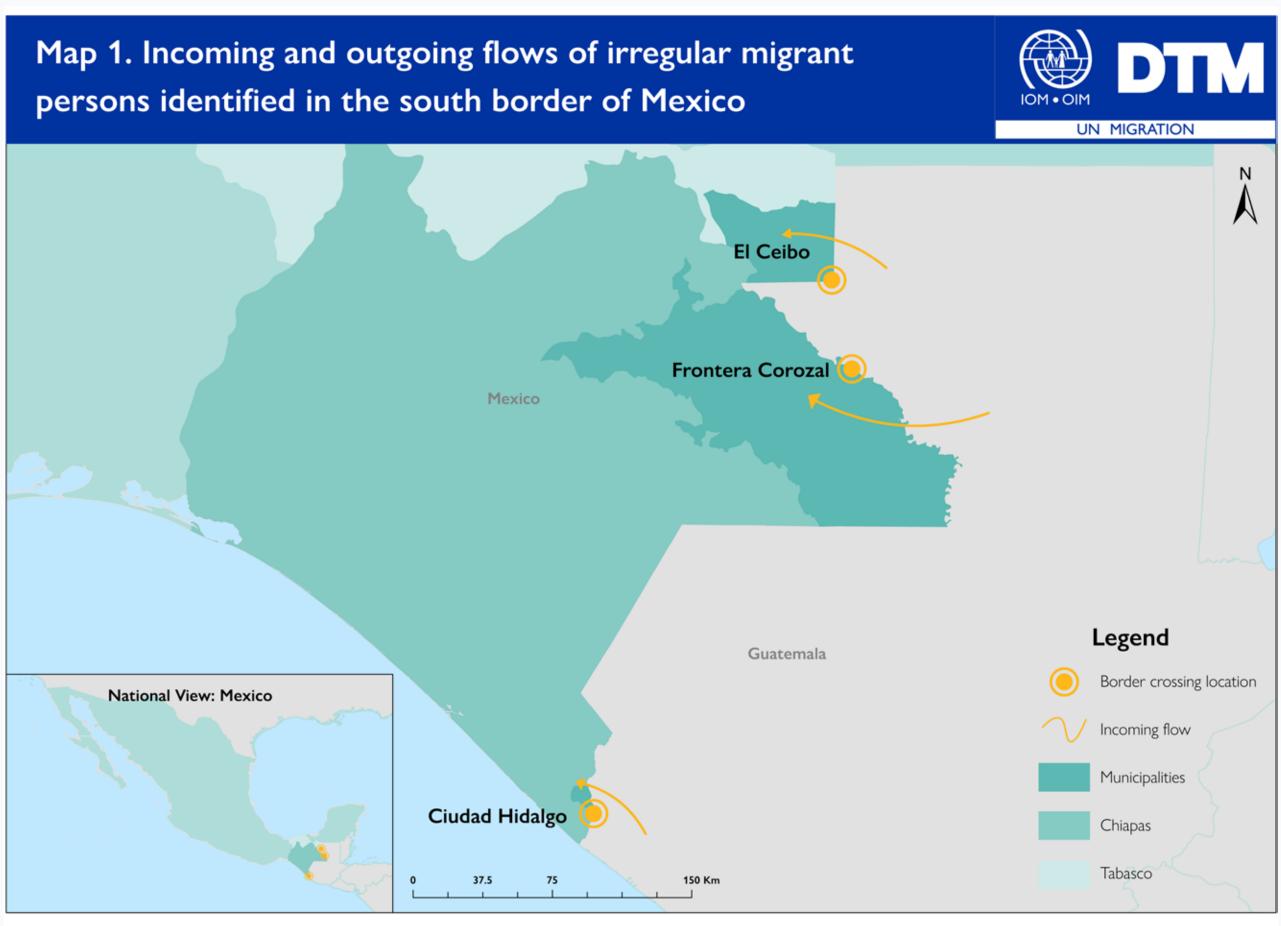
The migratory flow in Tenosique has historically been represented by people from Central America, particularly from Honduras; however, during the last few months there has been a sustained arrival of migrants from Haiti, Cuba and Venezuela, as well as from various African countries, which positions Tenosique as a transit point for these migrant populations as well.

---

1   Mexican Commission for Refugee Aid. Applicants by year. 01 February 2022.
    Available at: www.gob.mx/comar/es/articulos/solicitantes-por-ano

2   Migration Policy Unit (UPMRIP).

ℹ️ METHODOLOGY

The Displacement Tracking Matrix (DTM) is a system for tracking and monitoring population displacement and mobility. For this study, the mobility tracking sub-components and the surveys were used, which aim to quantify the presence of migrants, and generate data to know the socioeconomic and migratory characteristics of migrants.

The study consists of three rounds of monitoring, in this case, the results of round one is presented. They correspond to the month of March 2022, which will focus on the findings found in terms of needs and access to migrants' health services. The cities that serve as study areas are Tapachula in Chiapas and Tenosique in Tabasco, and both are border towns in southern Mexico.

Map 1. Incoming and outgoing flows of irregular migrant persons identified in the south border of Mexico

Basemap source: ESRI and UN World Map.
Note: This map is for illustrative purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

The survey of migrants for Round 1 was conducted during the second week of March, from Monday, March 7 to Friday, March 11. For both cities, places such as parks, plazas, shelters and the vicinity of shelters were selected as points of high concentration of migrant population.
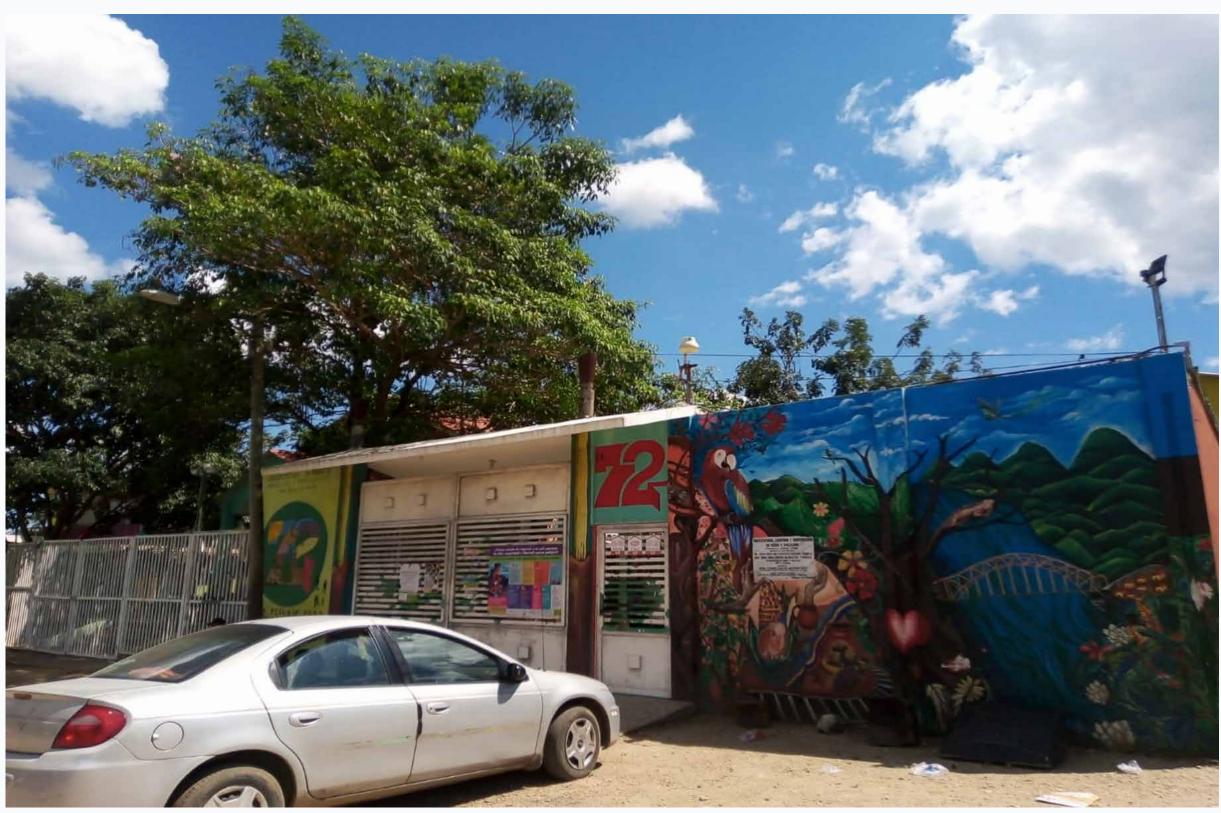
The survey was conducted by a consulting team external to the International Organization for Migration (IOM); however, they were trained, coordinated and supervised for this research by IOM. In each city there was a survey team of four people, composed equally of women and men.

ⓘ METHODOLOGY

228 surveys were carried out: 226 effective surveys and 2 invalids (the required consent was not obtained), 58 per cent in Tapachula and 42 per cent in Tenosique. A random sampling stratified by points of high concentration of migrants was carried out.

Data analysis was based on the assignment of sample weights by city (Tenosique and Tapachula) and extrapolations of the characteristics of people surveyed were generated[3], according to a registry of migrants counted in each city simultaneously at the time of the surveys. For the purposes of this report, the total data extrapolated from 226 effective surveys on 1,141 migrants registered through direct observation will be displayed.

It is important to mention that the following obstacles were encountered in the collection of information in the field for round 1: delays in requesting authorization from counterparts to conduct surveys in the vicinity of their facilities, high exposure to the sun and temperatures above 32° in work spaces, low turnover of migrant population in public places, and inability to communicate with migrants who only spoke Portuguese or French.

Shelter "La 72". Tapachula, Mexico. © IOM 2022

---

[3] Extrapolation is defined as "the estimation of results beyond the range covered by existing data".
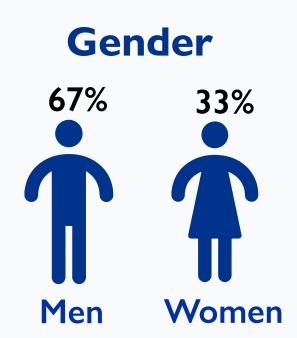
Source: www.aragon.unam.mx/fes-aragon/public_html/documents/oferta_academica/ingenieria/interpolacion-temario.pdf

RESULTS

HIGHLIGHTS

1,141 migrants:
871 in Tapachula (7%) and 270 in Tenosique (24%)

Gender

67% Men

33% Women

LGBTIQ+ Community

3%

From the total of migrants

The migrant population is highly represented by young migrants (average age 33 years old) mainly from:

Honduras (29%)

Haiti (5%)

Bolivarian Republic of Venezuela (5%)

74 per cent of respondents were asylum seekers in Mexico.

Seven per cent of women were pregnant only 71 per cent of whom reported having maternal and child care.

21 per cent of migrants reported suffering from one or more non-communicable diseases, mainly cardiovascular diseases.

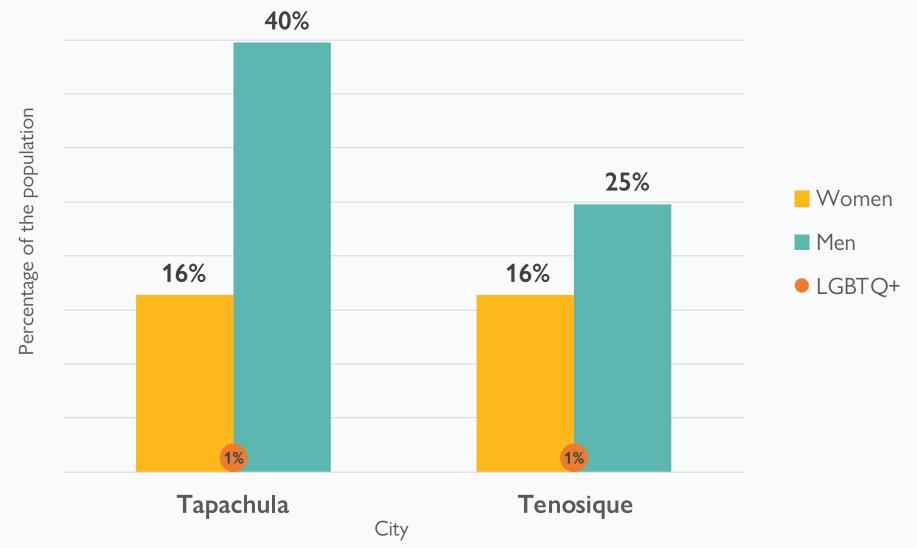**Lack of information, financial obstacles and legal barriers** prevent migrant pregnant women from accessing health services in Mexico, mainly in Tapachula.

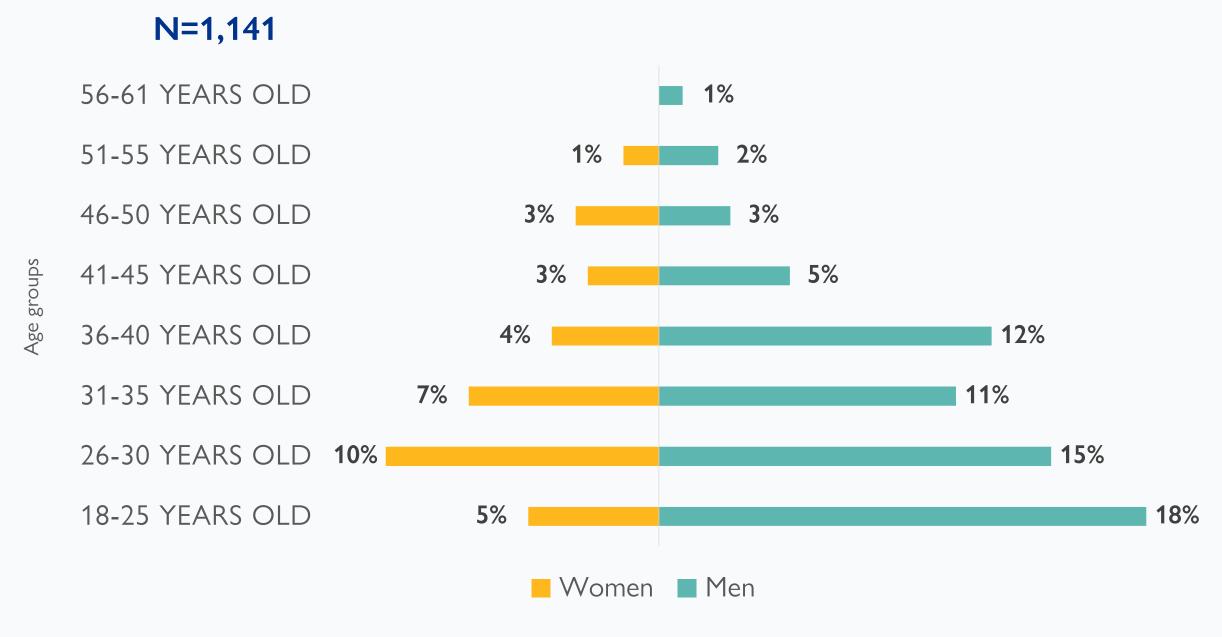## Demographic, social and migratory profile

Figure 1. Percentage of migrants surveyed by gender and city

N=1,141

According to the distribution of the population by age groups, **the migration flow was mainly represented by young migrants by almost 50 per cent,** since the predominant group surveyed **was between 26 and 30 years old (25%) followed by the 18-25 years old group (23%).** The analysis by city shows that the highest percentage of young population (18 to 25 years old) was found in Tenosique, while in Tapachula the distribution is more equitable between the ages of 18 to 40 years.
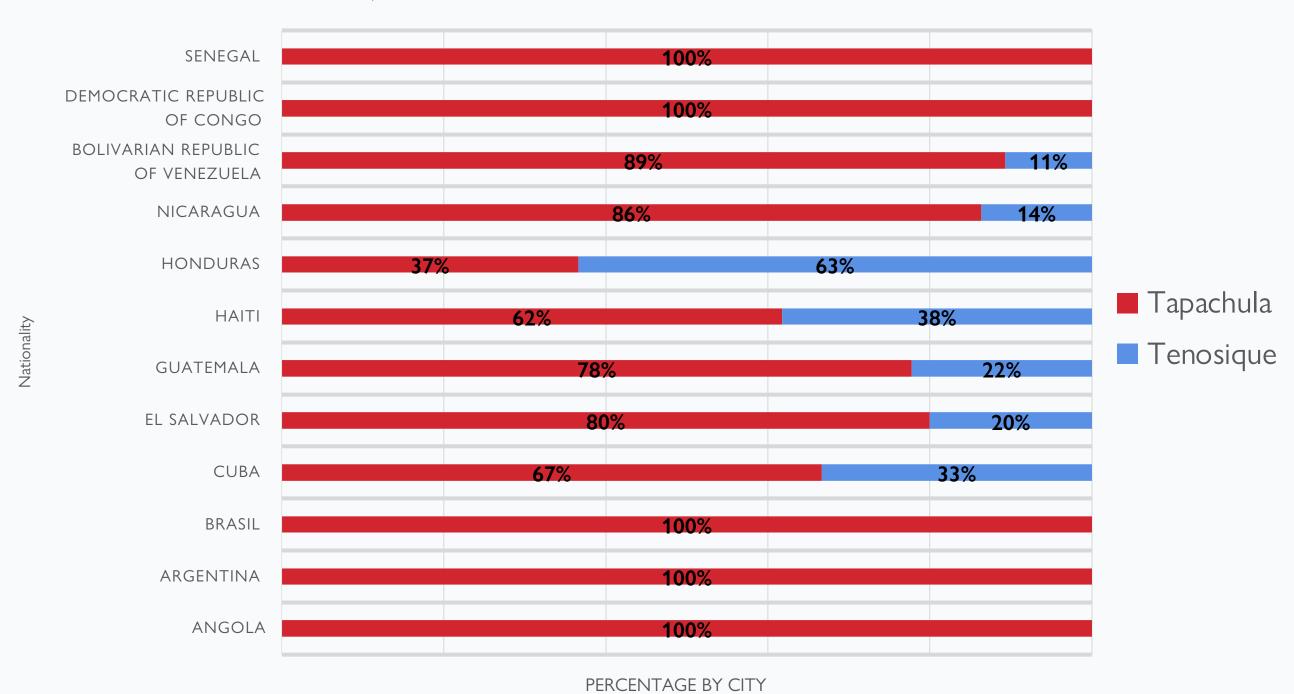
Figure 2. Population pyramid by gender and age group

N=1,141

The distribution of migrants by nationality indicates that they **are mostly from Honduras (50%),** followed by **Haiti (15%) and the Bolivarian Republic of Venezuela (12%).** Nationals of Angola, Argentina, Brazil, Cuba, El Salvador, Guatemala, Nicaragua, the Democratic Republic of Congo and Senegal were also identified, **representing 23 per cent of thet total.** Only one per cent indicated having a second nationality, being these Haitians who also indicated that they had Brazilian nationality and Nicaraguans who also indicated that they had Honduran nationality.
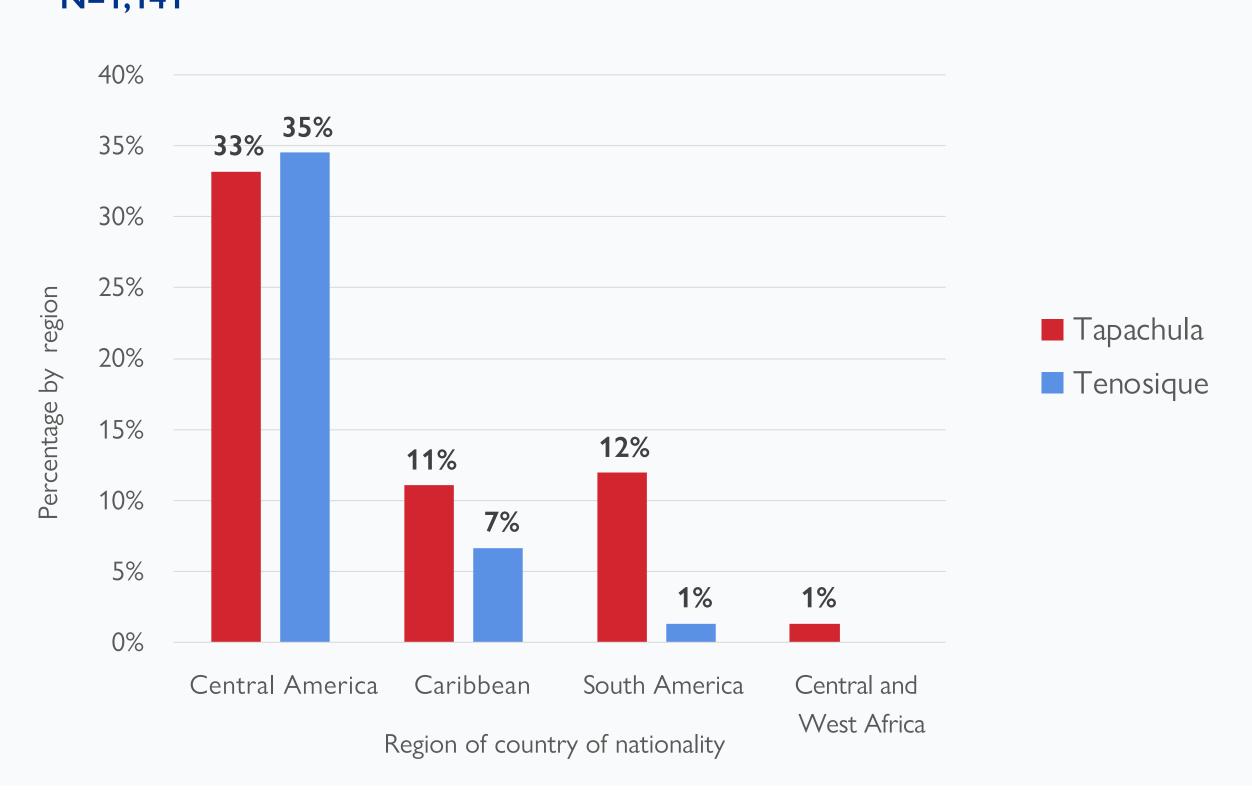
Figure 3. Nationality distribution by city
N=1,141

The distribution of migrants by nationality is uneven between the two cities. People from the Central American region were identified mainly in the city of Tenosique, while those from the Caribbean, South America, and Central and West Africa were surveyed mostly in Tapachula.

Figure 4. Percentage of migrants by region of country of nationality and city
N=1,141

Map 2. Regions of origin of people interviewed

Basemap source: ESRI and UN World Map
This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.
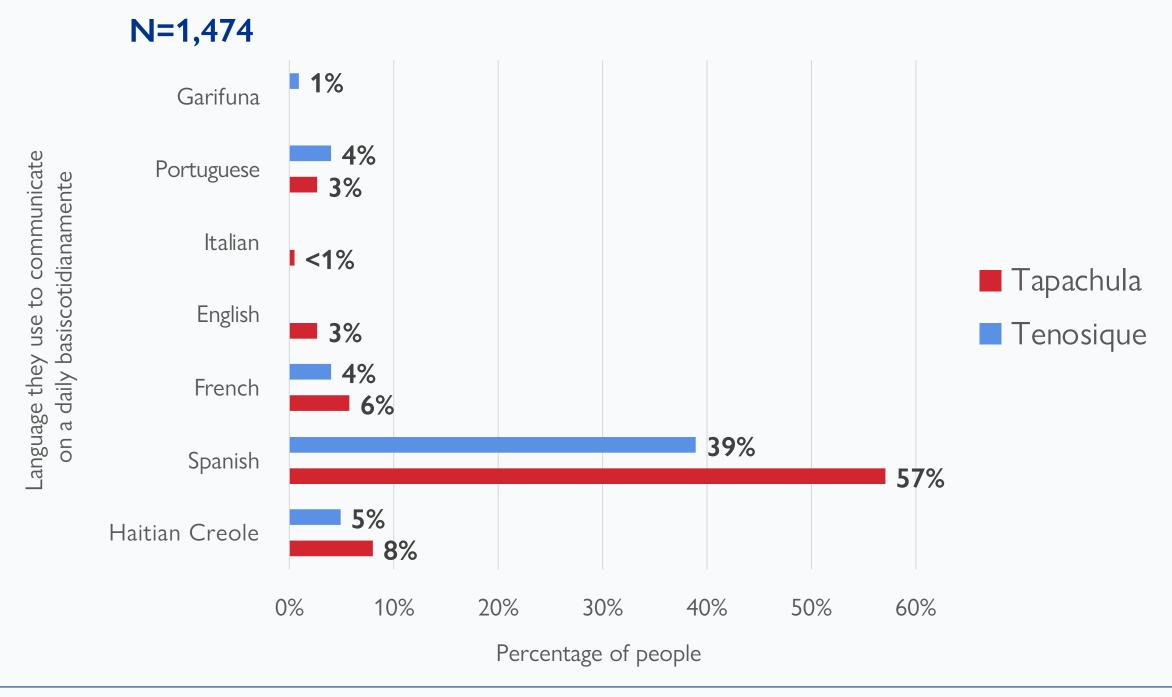
As of the native language and the language with which migrants communicate on a daily basis, out of the **83 per cent of people whose native language is Spanish**, 100 per cent communicate in Spanish and additionally, in languages such as English (2%), Italian (1%) and Garifuna (1%). **Those who have Haitian Creole and French as their native language are the people who use the most languages to communicate**, including French, Spanish, Haitian Creole, Portuguese and English.
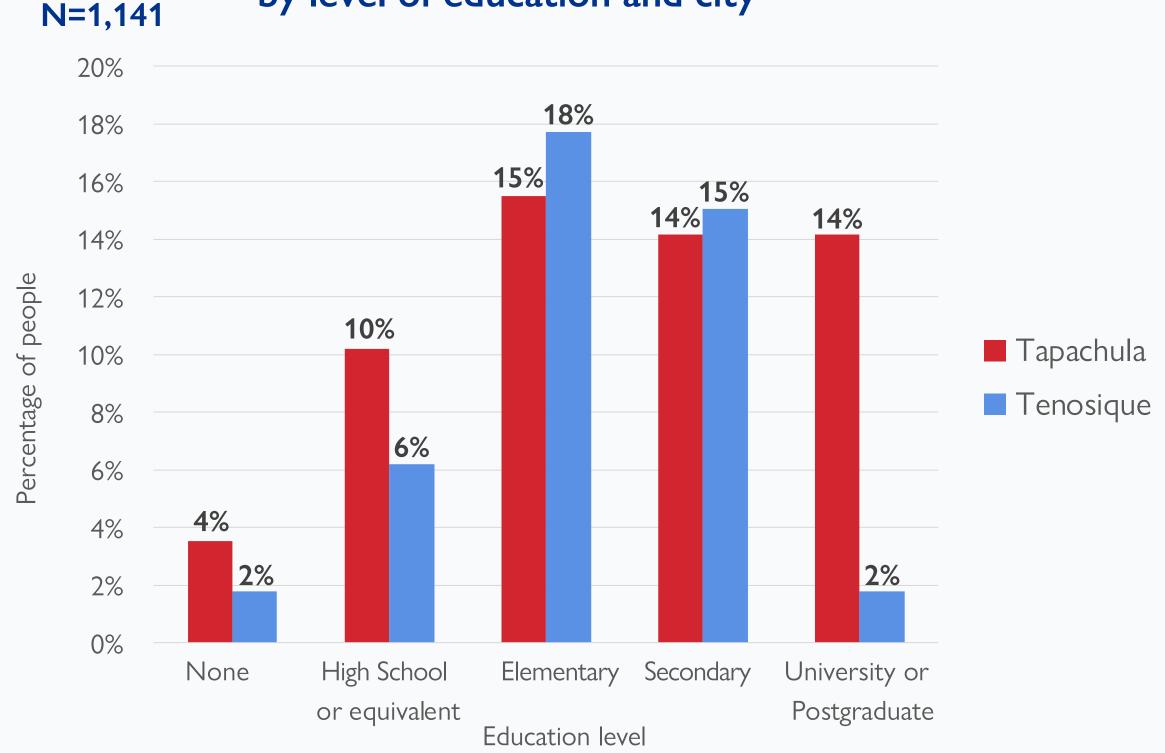
Figure 5. Percentage of migrants by city according to the language they use to communicate on a daily basis [4]

[4] Migrants had more than one response option to answer, so the percentages are independent with regard to the total number of migrants surveyed.
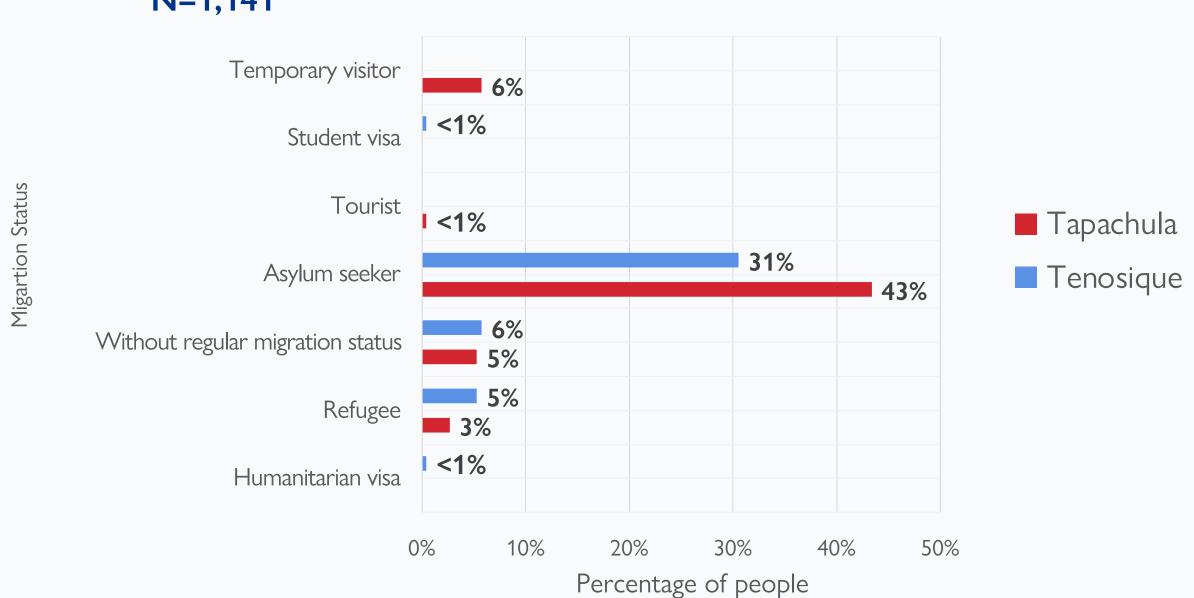
Figure 6. Percentage of migrants by level of education and city

N=1,141

The highest percentage of migrant population has a complete elementary (33%) and secondary (29%) educational level, while 16 per cent have a university or postgraduate degree. **About five per cent do not have any educational level, this category is represented mostly by men (75%).**

Figure 7. Percentage of migrants by migration status and city
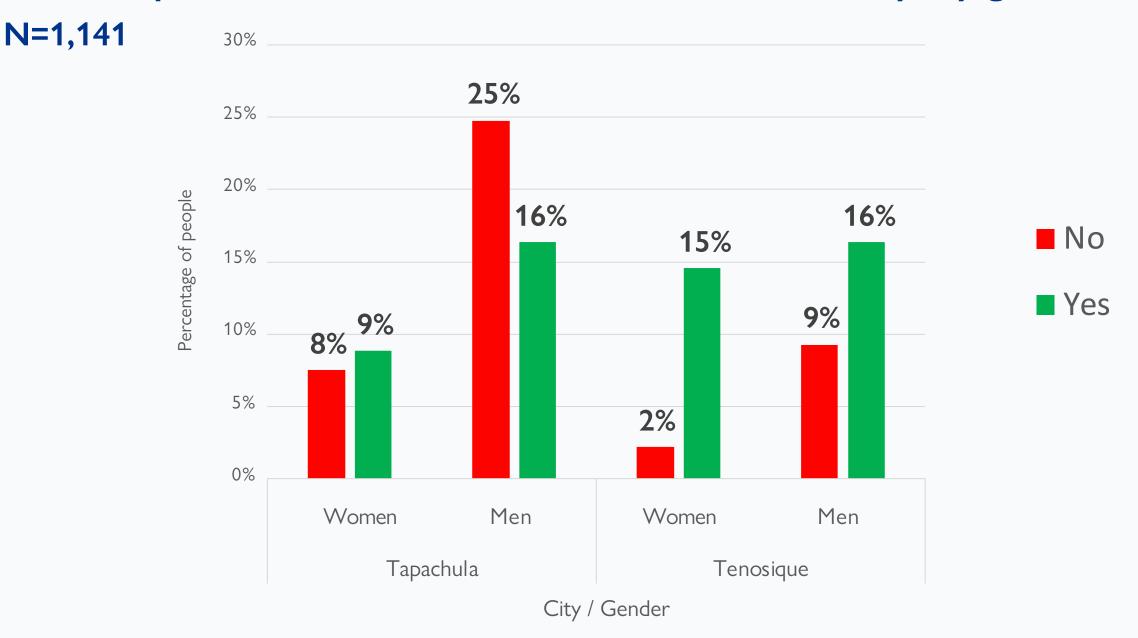
N=1,141

74 per cent of people are asylum seekers in Mexico. Of these, 43 per cent are in Tapachula and 31 per cent in Tenosique. About 11 per cent do not have regular migration status. **Less than one per cent indicated having another migration status (humanitarian visa).** Six per cent are temporary visitors and are located mainly in Tapachula. **In the categories of student visa, tourist visa and humanitarian visa, only men were identified.**
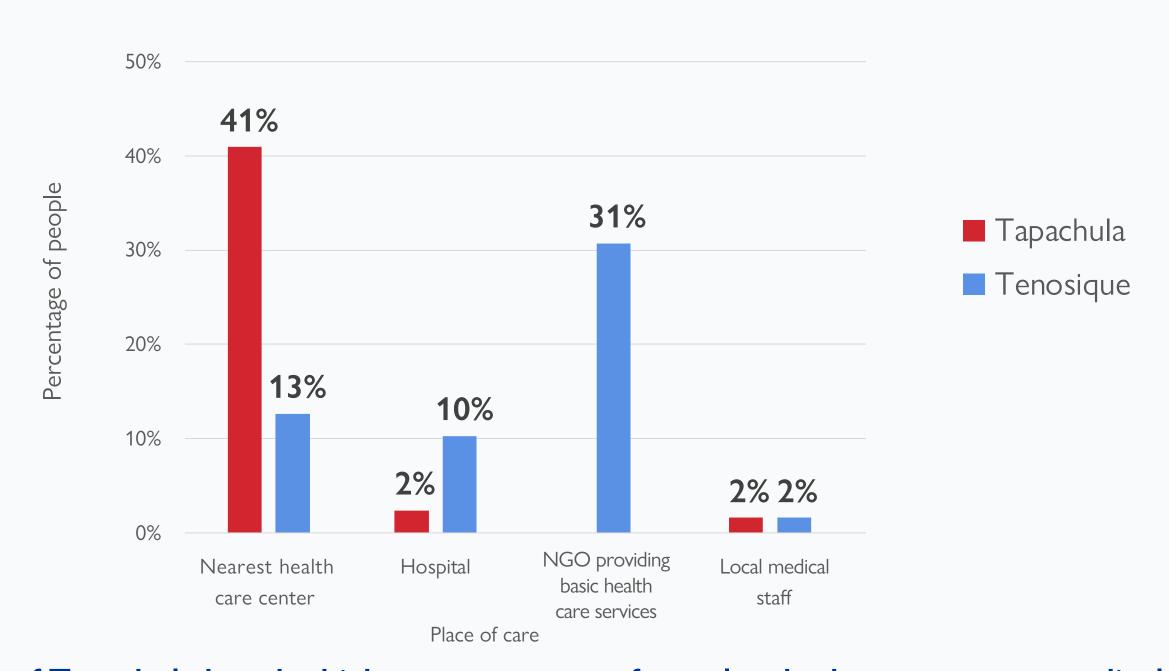
Access to health services

Figure 8. Percentage of people who have a place to go when they required medical care at the time of the survey, by gender

N=1,141

56% of migrants were able to access health care at the time of survey application, mainly at their nearest health care center (54%) and Non-Governmental Organizations (NGOs) that provide basic health services (31%). Of the total number of migrant women, **71% have managed to access medical care, while of the total number of men, only 49% have access to medical care.**

Figure 9. Place where migrants go when they have health problems by city
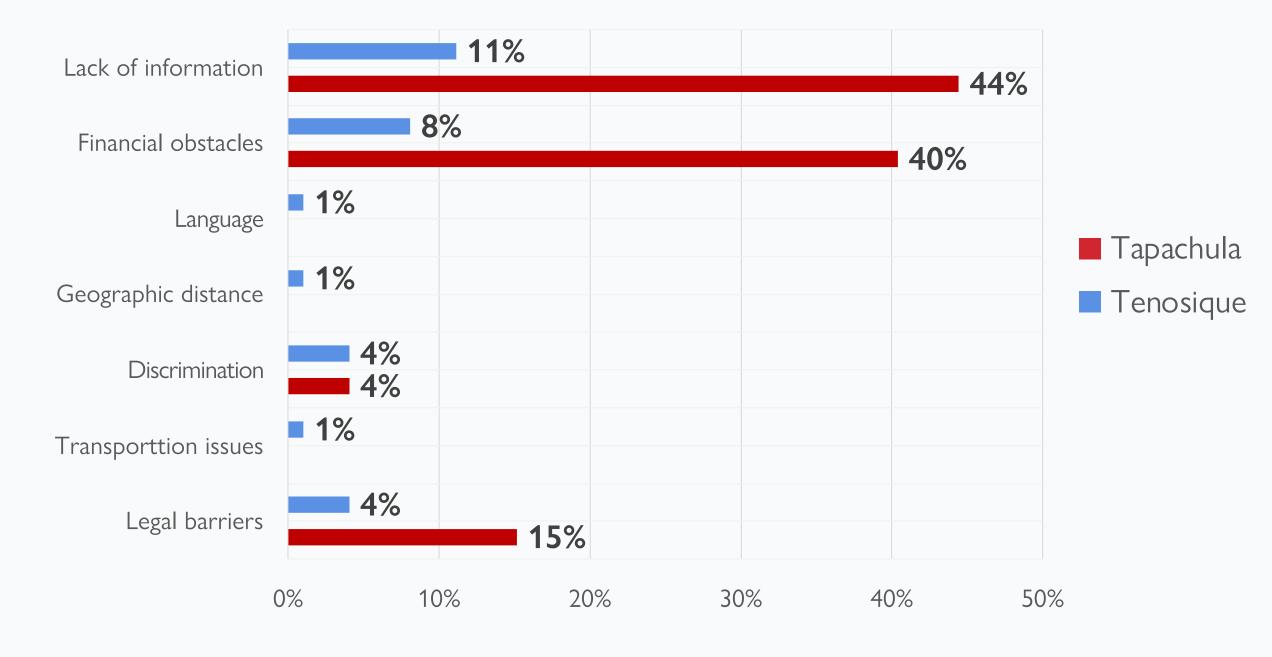
N=641

The city of Tapachula has the highest percentage of people who have access to medical services, specifically to a nearby health care center (41%), while the second highest percentage is concentrated in the city of Tenosique with 31% who go to an NGO providing basic health care services.

Figure 10. Reasons why migrants face limitations in accessing health care services

N=500

Forty-four per cent of people stated not accessing health care services and the main reasons are lack of information, financial obstacles and legal barriers (56%, 48% and 19% respectively).

Figure 11. Percentage of people vaccinated against COVID-19 by city and gender
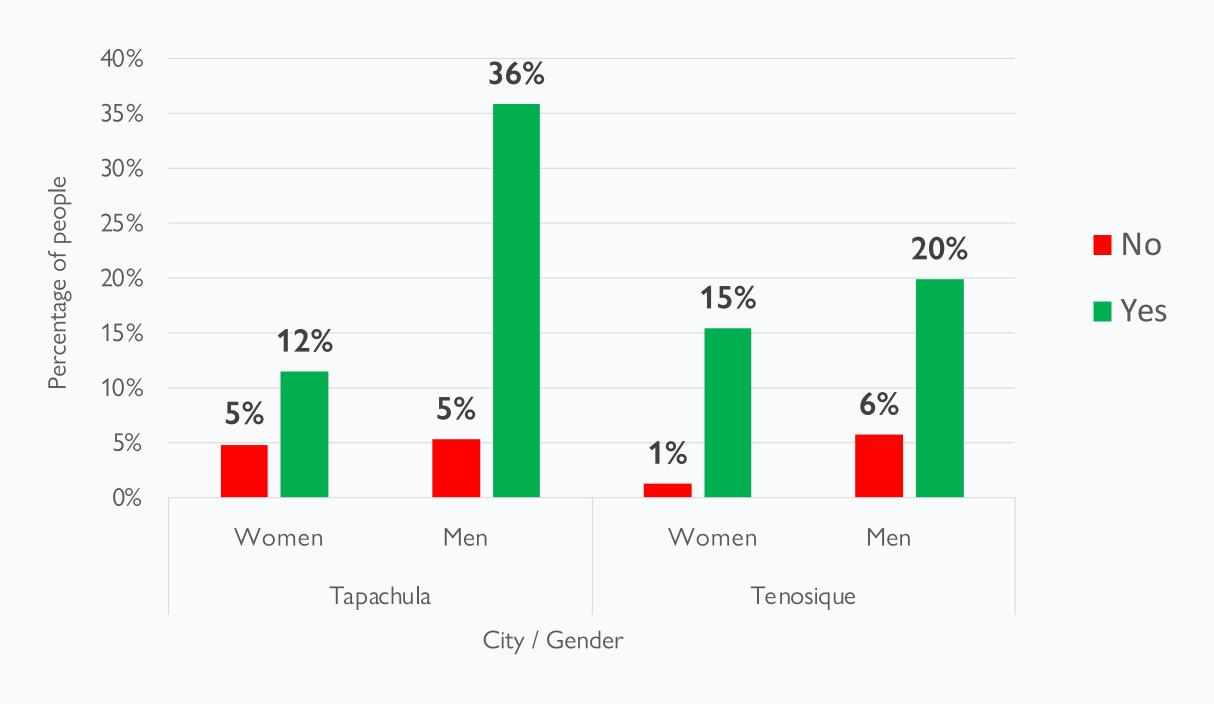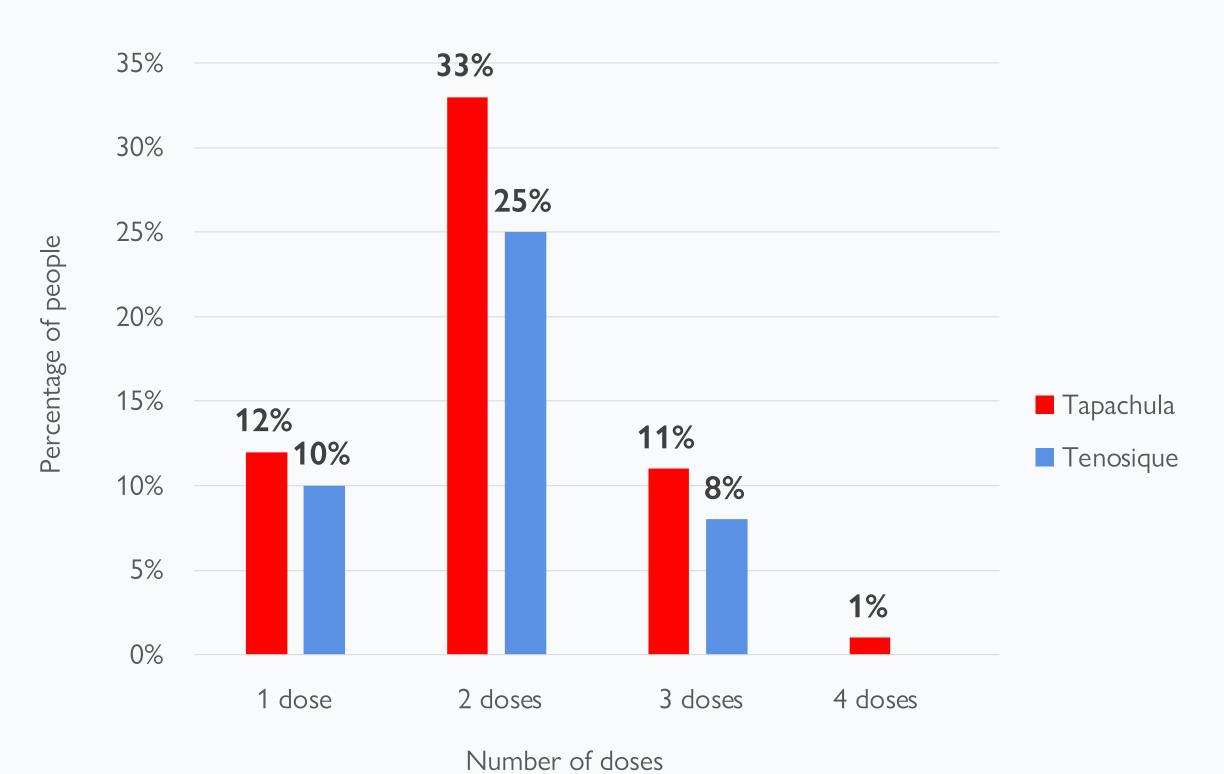
N=641

Figure 12. Percentage of the number of doses of COVID-19 vaccine that vaccinated migrants have received by city

N=944

Eighty-three per cent of migrants have at least one dose of a vaccine against COVID-19, 57% are in Tapachula and 43% in Tenosique.
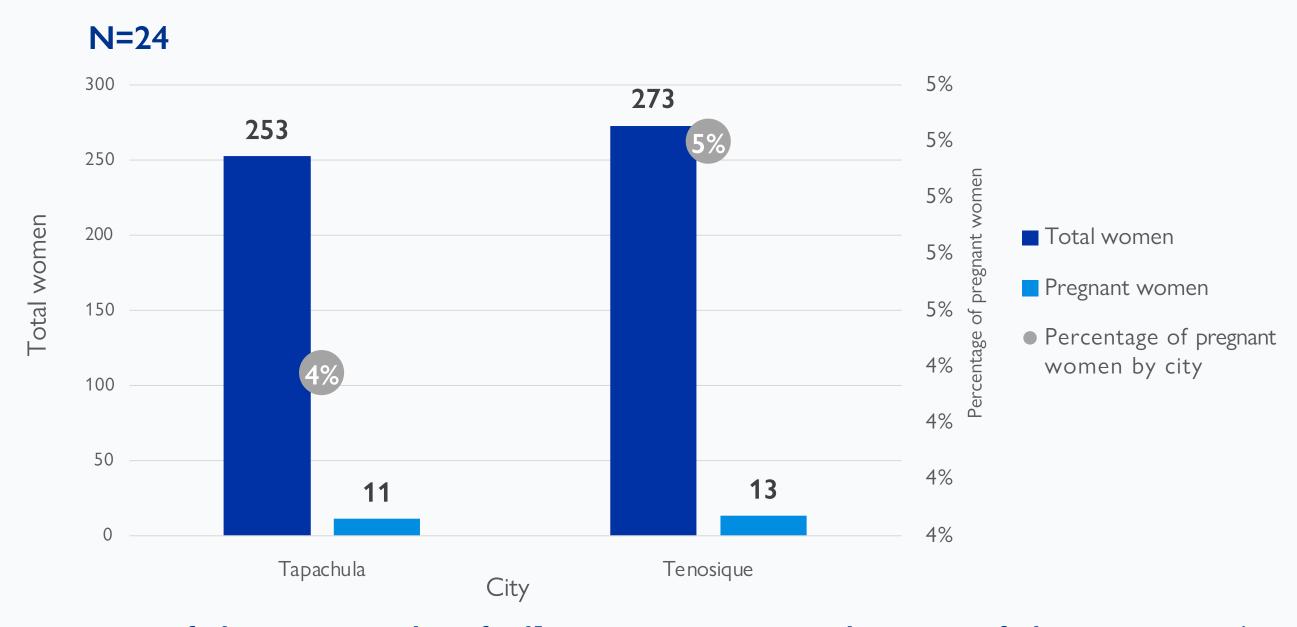

Migrant demonstrations, Tapachula, Mexico. © IOM 2022

Maternal – child health

Figure 13. Percentage distribution of pregnant women by city

N=24

Five percent of the women identified⁵ were pregnant at the time of the survey, and were distributed mainly in the city of Tenosique (54%).
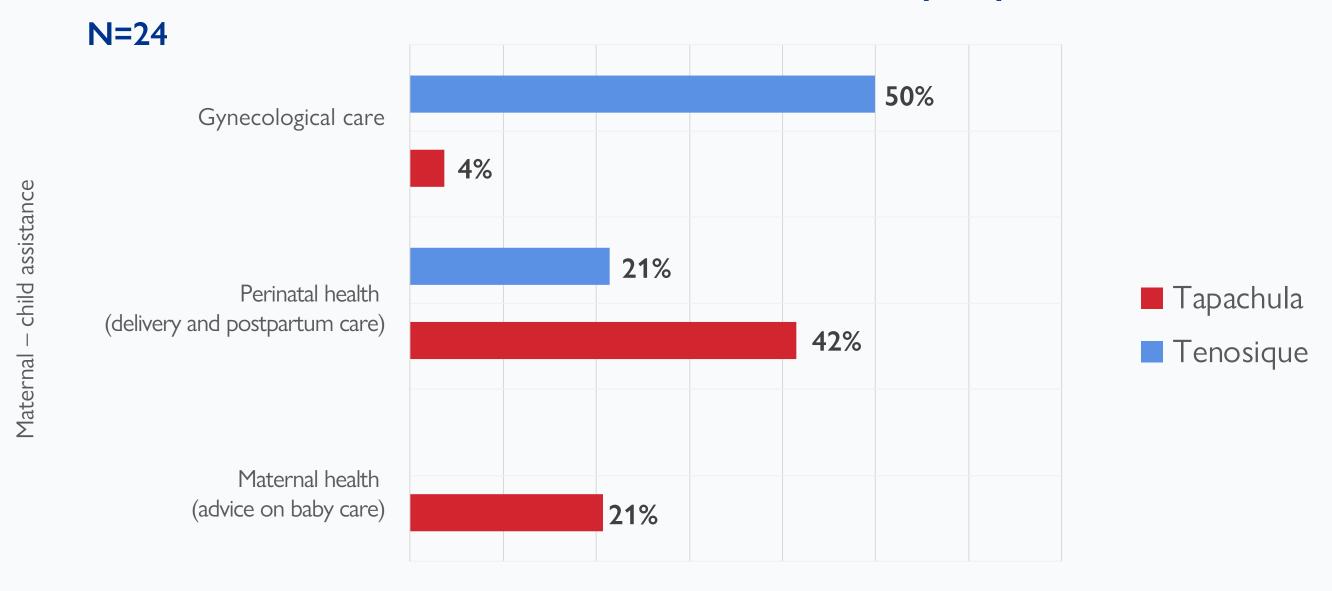

IOM staff with information leaflet for pregnant women, Tenosique, Mexico. © IOM 2022

---

⁵ Pregnant women were identified both in the group of respondents and in the group of persons accompanying the respondents. The analysis of the data on pregnant women was done by combining both data.

Figure 14. Percentage of pregnant women by type tof maternal and child care needed by city

N=24

Maternal – child assistance

- Gynecological care: Tenosique **50%**, Tapachula **4%**
- Perinatal health (delivery and postpartum care): Tenosique **21%**, Tapachula **42%**
- Maternal health (advice on baby care): Tapachula **21%**
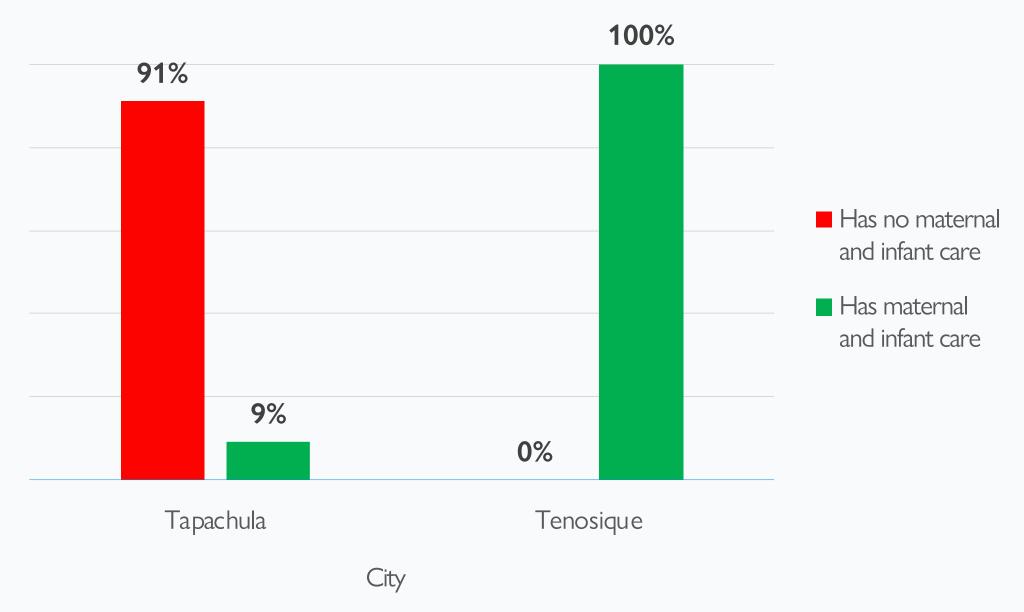
Legend:
- ■ Tapachula
- ■ Tenosique

Percentage of pregnant women

Pregnant women reported needing some type of maternal and child care. **Fifty-five percent indicated needing gynecological care,** located mainly in the city of Tenosique. **Sixty-three percent required perinatal care,** most of whom were located in Tapachula; **while those requiring maternal care (21%)** were located entirely in Tapachula.

Figure 15. Percentage of pregnant women who do not have access to maternal and child health services, by city

N=23
No response = 1

- Tapachula: **91%** (Has no maternal and infant care), **9%** (Has maternal and infant care)
- Tenosique: **0%** (Has no maternal and infant care), **100%** (Has maternal and infant care)

Legend:
- ■ Has no maternal and infant care
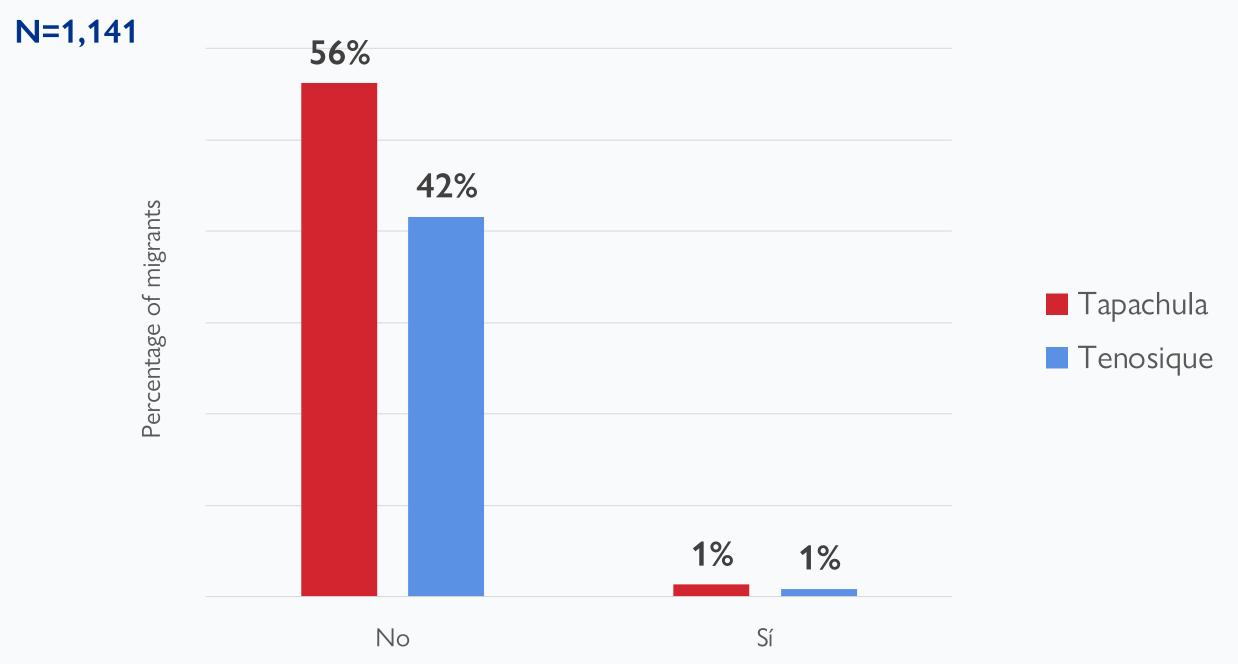- ■ Has maternal and infant care

City

Forty-four percent of pregnant women indicated that they **did not have access to maternal and child health care,** and the main reasons were **legal barriers (50%) and financial obstacles (50%),** all located in Tapachula.
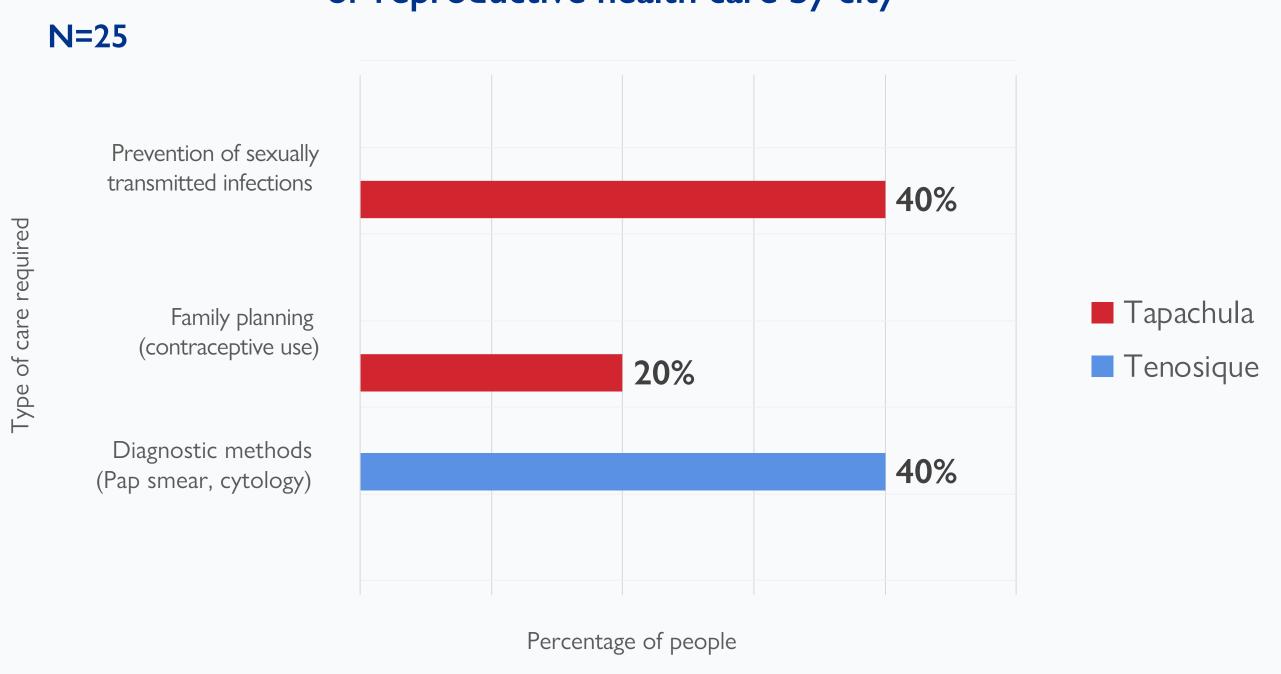
Sexual and reproductive health

Figure 11. Percentage of migrants with sexual and reproductive health care needs by city

N=1,141

Do you need sexual and reproductive health care?

About two per cent of people said that they require sexual and reproductive health care. Forty per cent are women and 60 per cent men. Most migrants report to need care on prevention of sexually transmitted infections, diagnostic methods (pap smear, cytology), and family planning.
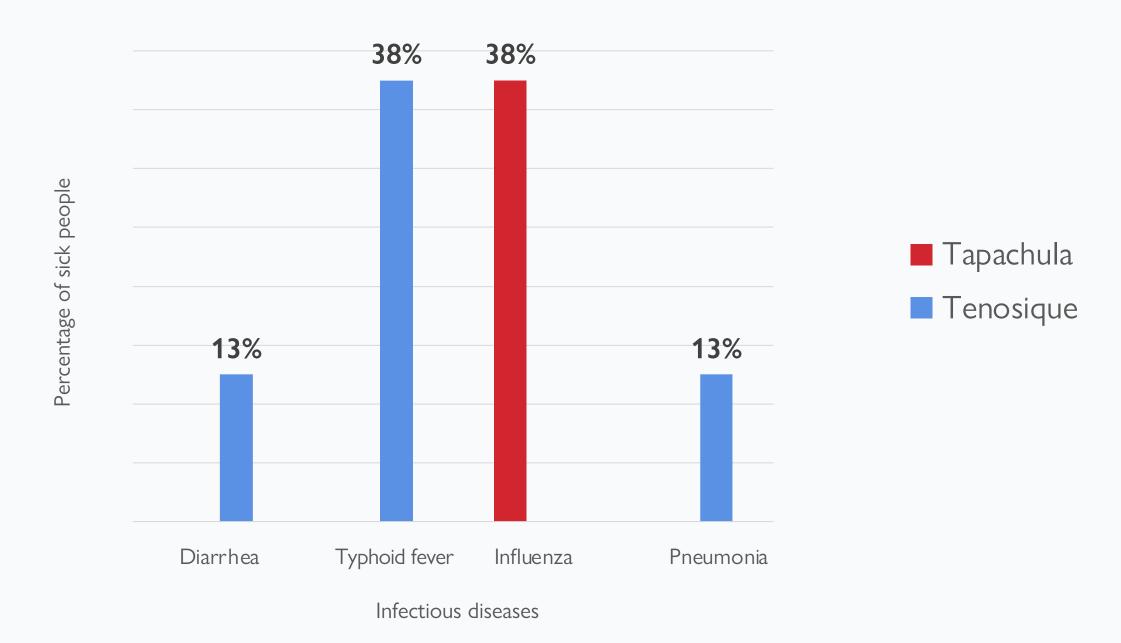
Figure 12. Percentage of migrants who require sexual or reproductive health care by city

N=25

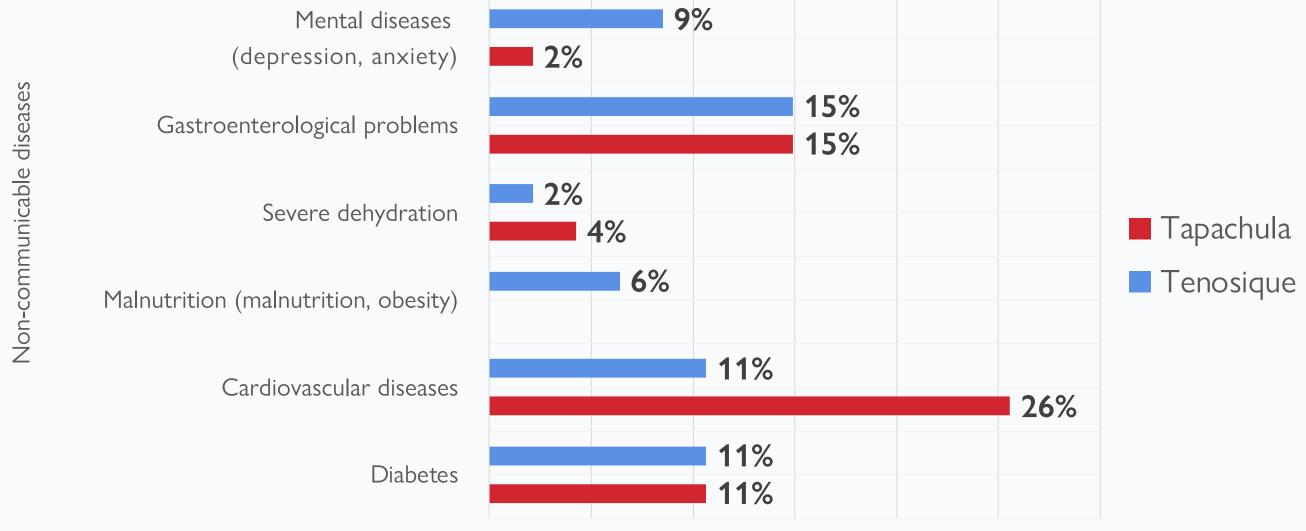Percentage of people

General health conditions

Figure 18. Percentage of migrants who suffer from an infectious disease by city
N=40

Four per cent of people suffer from some infectious disease, 50 per cent men and 50 per cent women. The main diseases they suffer from **are typhoid fever and influenza with 38 per cent in each case, and diarrhea and pneumonia with 13 per cent for each case.** Twenty one per cent of migrants indicated suffering from one or more non-communicable diseases such as diabetes, cardiovascular diseases, malnutrition, severe dehydration, gastroenterological or mental problems.

Figure 19. Percentage of migrants who suffer from a non-communicable disease by city
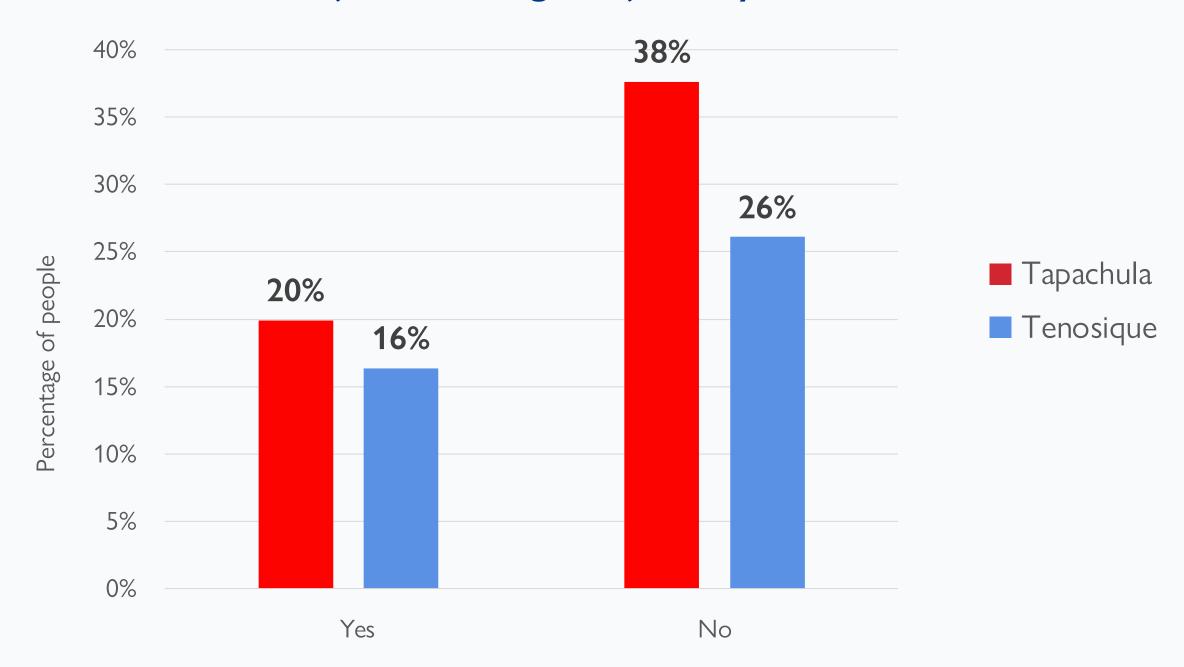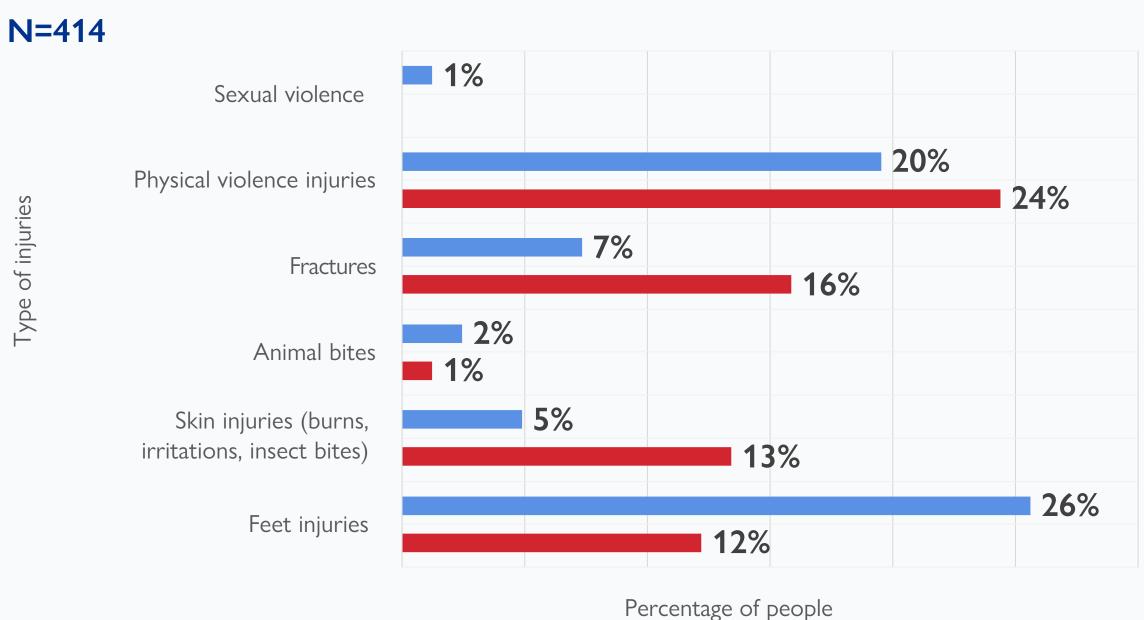## N=237

Injuries experienced during transit

Figure 20. Percentage of people who have suffered injuries during the journey

N=1,141

Have you experienced any injury during the current transit?

■ Tapachula
■ Tenosique

Thirty-six per cent of migrants told having suffered one or several types of injury while in transit, mainly in Tapachula (55%). Forty-four told having injuries due to physical violence, mainly men. Feet injuries are the second most recurrent type of injury in migrants (38%) while fractures are in third place (23%). **One per cent mentioned having suffered injuries due to sexual violence, corresponding entirely to women.**

Figure 21. Percentage of injuries suffered by migrants during transit with regard to the total number of people who indicated having injuries

N=414

Percentage of people

CONCLUSIONS

Access to health services shows a differentiated behavior between cities because migrants in Tapachula receive care mainly in government health centers while, in Tenosique, NGOs are the main means of accessing medical services. On the other hand, the main obstacles that people who were unable to access medical services in both cities reported facing were lack of information and lack of money.

Tapachula is the city that is mostly visited by non-regional migrants because it is a city with an important offer of services in the south of Mexico; however, Tenosique has begun to be a crossing point for other nationalities such as Haitians, who traditionally were not detected through this city.

The main language used by migrants to communicate during their transit through southern Mexico is Spanish, even though native languages such as French, English, Portuguese and Haitian Creole were found. This indicates that migrants who do not speak Spanish as their native language find it necessary to learn it, regardless of their level of command of the language, in order to access basic services.

Migrant women who were pregnant at the time of the surveys reported needing maternal and child care services. Access to these services was easier for pregnant women in Tenosique than in Tapachula, because in the former city there are NGOs that provide these services, while in Tapachula, lack of documents and lack of economic resources prevent all pregnant women from receiving this care.

Among the people surveyed, a minority stated that they needed sexual and reproductive health care. However, a response pattern based on gender was found, consisting of women requesting information on contraceptive methods and family planning, while men request information on the prevention of sexually transmitted diseases.

The most common injuries shown by migrants upon arrival in Tenosique are feet injuries and injuries due to physical violence, while the most common ones among migrants arriving in Tapachula are injuries due to physical violence and fractures. The common denominator on both routes are injuries due to physical violence, which indicates that insecurity is a constant that afflicts people who enter through the south of Mexico.

San Agustin Parish, Tapachula, Mexico. © IOM 2022

The views expressed in the publications of the International Organization for Migration (IOM) are those of the authors and do not necessarily reflect those of IOM. The names used in this publication and the manner in which the data contained therein are presented do not imply any judgement by IOM on the legal status of any country, territory, city or area cited, or its authorities, nor with respect to the delineation of its borders or limits.

This publication was made possible by the support of the United States Department of State (PRM) Bureau of Population, Refugees and Migration under the Regional Programme on Migration. However, the views expressed therein do not necessarily reflect the official policies of the Government of the United States of America.

ℹ️ CONTACT INFORMATION