

# Endline Report



## Program for the prevention, preparation and response to COVID-19 in Mexico



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## **Table of Acronyms**

**BGA:** Boys, girls and adolescents.

**UNHCR:** United Nations High Commissioner for Refugees.

**SMR:** Scalabrinian Mission with Migrants and Refugees.

**GBV:** gender-based violence.

**COMAR:** Mexican Commission for Refugee Assistance.

**PSS:** psychosocial support.

**INM:** National Institute of Migration.

**SEL:** Social Emotional Learning.

**UNICEF:** United Nations Children's Fund.

**CURP:** Unique Population Registry Key.

**IOM:** International Organization for Migration.

**ICRC:** International Committee of the Red Cross

**MWB:** Doctors Without Borders

## Introduction

The implementation of the Protected Passage Program improved the conditions of migrants in shelters significantly: the feeling of safety and well-being went from 46% to 83%, while mental and psychosocial distress in NNA decreased from 59% to 24%. In addition, there was a 50% increase in medical care, a 40% increase in care and referral of survivors of gender-based violence, and a 49% increase in legal care and 38% psychological care.

The purpose of this report is to show the results of the final evaluation study of the "Program for Preventing, Preparing and Responding to COVID-19 in Mexico" which has the following objectives: 1) Guarantee that vulnerable asylum seekers and migrants who are staying in specific shelters have access to health services, including prevention and treatment of COVID-19, and referral services for survivors of GBV. 2) Ensure that asylum seekers and migrants staying in specific shelters receive legal advice and services according to their needs. 3) Intervene with psychosocial support to meet the needs of children and adolescents in specific shelters.

The Protected Passage Program is funded by the United States Department of State (PRM), implemented by ChildFund International, developed between September 2021 and December 2022 in southern Mexico. The goal of the program is to preserve physical and emotional health of 60,000 migrants who cross the border of Mexico, coming from countries in Central America, South America and the Caribbean. The objective of this final evaluation is to measure the performance of the Program, in comparison to the conditions before the Program was implemented and to determine if the strategies, goals and objectives established in the logical framework were met.

To obtain these results, a data collection, analysis and interpretation process was conducted between November 7 and December 15, 2022. 381 interviews were conducted to understand the perceptions of migrants on the medical, legal and psychological care and services received in shelters, communities and neighborhoods that were offered by local partners in collaboration with the team of professionals of the Program. Microsoft Suite applications were used for data cleaning, coding, analysis and presentation.

## Program summary

The PRM-funded Protected Passage Program focused on comprehensive care for people, consisting of medical, legal, and psychological care, care for GBV survivors, and the referral of cases that were beyond the scope of the capacities and faculties of the Program team. Also, a particular care approach was provided to migrant children and adolescents in psychosocial support (PSS) and social emotional learning (SEL) activities in welcoming spaces to promote their well-being. Vulnerable populations, especially people with disabilities and the LGBTI+ community, were fully included in the activities of the Program.

During the implementation of the Program, work was done in collaboration with 11 shelters, offices and local coverage organizations that receive migrants and asylum seekers on the southern border of Mexico. To guarantee the efficient use of resources and avoid duplicating efforts, the Program focused on coordinated activities with other organizations that work in the field such as UNHCR and IOM, participation in the National Inter-institutional Coordination Group that includes UNICEF, ICRC, MSF, among others, and in the inter-institutional work groups of Tapachula and Tabasco that bring together Save the Children and ICRC, UNICEF, JRS, Asylum Access, The Bridge and local organizations.

During the first quarter of implementation, the activities focused on establishing the baseline for the Program, updating the status and conditions of the shelters and communities where it would be implemented, identifying gaps in services and needs, and finalizing details of the cooperation agreements with each one of the local partners. These activities included visits to the localities and began with COVID-19 prevention activities, medical care, legal assistance, psychosocial activities with children, psychological counseling, and the integration of other types of structured psychosocial and socio-emotional activities focused on women, men, boys, girls and other people in situations of vulnerability.

In the first six months, 20 locations were served through the work of mobile teams in different parts of the city of Tapachula and through partners such as the Jesuit Service for Migrants (SJM), La 72 Hogar y Refugio para Migrantes, with the objective of caring for people who remain outside the shelters. In this way, 7,185 people were served in the first semester. The Program's activities continued to have a special focus on the most vulnerable populations, such as children, women, and GBV survivors.

After one year of implementation, the cooperation and alliance continued with nine local partners in 11 locations in the states of Chiapas and Tabasco. At that time, a population of 38,383 people had been served, thanks to the completion of the Program's technical and administrative team made up of 43 professionals: doctors, nurses, psychologists, lawyers, social workers,

area coordinators, and administrative staff and management. At that time, an extension authorization was also received from PRM (USA) to utilize the remaining funds through December 31, 2022, due to the efficient use of financial resources.

**Program objectives**

Goal 1 (Health - COVID-19): Asylum-seekers and vulnerable migrants staying in specific shelters have access to health services, including prevention, management and referral of COVID-19 and GBV.

Objective 2 (Protection): Vulnerable asylum seekers and migrants in specific shelters receive legal advice services according to their needs.

Objective 3 (Child Protection): Psychosocial support interventions meet the needs of children and adolescents in targeted shelters.

**Population served**

The Protected Passage Program served 55,569 migrants between September 2021 and December 2022 through financing from PRM USA. The work was developed in collaboration with 11 local partners providing medical, psychological and legal care in different shelters in a total of 8 cities. Table No. 1 describes the number of people served by the program.

Table 1. Population served by shelter 

Shelters	Population
72 Hogar Refugio para Personas Migrantes	14,942
ACNUR	1,296
Albergue Dioscesano Belén	1,831
Albergue Ejército de Salvación	5,822
Albergue Oasis de Paz del Espíritu Santo Amparito	5,641
Casa de la Mujer Migrante	2,204
Casa del Migrante Jesus Esperanza en el Camino	3,767
Casa del Migrante Jtatic Samuel Ruiz Garcia	6,157
Scalabrinianas Misión con Migrantes y Refugiados	15,951
SEPAMI Casa del Migrante San Martín de Porres	1,676
SEPAMI Comitán	1,069
SEPAMI Tuxtla Gutierrez	3,830
Servicio Jesuita a Migrantes	2,681
<b>Total</b>	<b>66,867</b>

Source: Prepared with Database for the final report PRM December 2022.

## Information on installed response capacity of service spaces.

The conditions of the shelters, refuges, offices, communities and neighborhoods in which the entire team of professionals of the Program offered care are described below.

✓ *Casa del Caminante J'Tatic Samuel Ruíz García*

They receive population in transit and asylum seekers. People in transit stay from one to two days on average, though refugee applicants can stay from two weeks to two months depending on how their regularization procedures progress. During their stay, people have access to legal, medical, and psychological guidance, and they have a social worker. The shelter has an isolation area for COVID-19 patients with capacity for two people or one family and is equipped with a bed, screen, barometer, oxygen, and gowns.

✓ *Casa del Migrante Jesus Esperanza en el Camino*

This is a shelter that offers overnight stays in the facilities and the stay can be extended up to one month according to the needs. Refugee applicants can stay up to one week, the time it takes to process their CURP, a document with which they can obtain a job through the Welfare Program.

It is estimated that 2,000 people attend annually, and its facilities have a capacity for 50 people per day. The flow of people increases between May and December. The largest percentage of the population they receive is originally from Honduras, Guatemala, El Salvador, Nicaragua and Haiti. Additionally, they have received Venezuelans, Ecuadorians, Peruvians and Cubans.

✓ *Oasis de Paz del Espiritu Santo Amparito*

Currently this shelter provides food, access to showers, medicine, and clothing from two service areas: 1). Amparito shelter, dedicated to caring for people in a context of mobility and 2). El Choquito, a shelter focused on elderly people in a situation of abandonment. The "Amparito" Shelter serves the local community, people in transit, refugee applicants and returnees, annually it is estimated that a total of 4,800 attend, and the facilities have a capacity for 90 people per day. Upon admission, they are granted a three day stay. Once admitted, they must go through legal and psychological consultations.

✓ *Scalabrinianas Mission with Migrants and Refugees*

It is recorded that more than 13,000 people are served per year, of different nationalities, among which Haiti, Honduras, Guatemala and El Salvador stand out. The work methodology was to prioritize care in communities where people live in a context of mobility in the city of Tapachula and who had little or no access to care services. Having a mobile team in this space has made it possible to provide an immediate response to emergencies such as

caravans and improvised camps. During the implementation of the Program, the team provided care in more than 50 communities, shelters, service offices, among other spaces with a high concentration of the mobile population in the city of Tapachula and its surroundings (Huixtla and San Pedro Tapanatepec, Oaxaca).

✓ *72 Hogar refugio para migrantes.*

This is a non-profit civil society organization whose purpose is to provide comprehensive care to migrants and refugees in Tenosique and Tabasco - one of the most conflict-affected and dangerous points on the migration route. Each person is offered priority humanitarian assistance such as food, lodging, medical service, clothing and basic hygiene items, psychosocial care focused on vulnerable groups, information on human rights, as well as legal assistance to access the status of asylum and residence in Mexico. The shelter has a capacity to receive between 300 and 500 people, in collaboration with the Program staff it provides medical, legal and psychological assistance where psychosocial activities with children and adolescents are carried out daily.

✓ *San Cristobal de las Casas Shelter (SEPAMI)*

This shelter provides food, access to showers, medicines, and clothing. They serve the general population, people in transit, refugee applicants and returnees. Annually, 2,000 people are served, and its facilities have a capacity for 150 people per day. Upon entering, they are granted a stay of several months if the person requires it. Once they enter the shelter, medical, legal and psychological assistance is provided to those who require it.

✓ *Tuxtla Gutierrez Service Office (SEPAMI)*

The services offered at this shelter are legal, medical and psychological assistance. Currently the main demand is from Central American people with a refugee profile, information is shared with them about what they can do while in Mexican territory to obtain a stay and at the same time integrate into the local community. Other services in the legal area include procedures to establish a family bond, this when a foreign person marries a Mexican person or has children of Mexican nationality.

In the same way, guidance, advice and in some cases accompaniment to the prosecutor's office or civil registry when a complaint has to be made or some procedure in which the authority due to lack of knowledge does not admit or, failing that, tries to take advantage of the applicant's need to shelter. Around 30 or 40 people, including children and adolescents, pass through the office every day.

✓ *Comitán Service Office (SEPAMI)*

At the headquarters, a record of 150 monthly services is kept, including unaccompanied children and adolescents. Legal accompaniment is provided for people who are refugee applicants, when necessary they work together with the Integral Family Development



System (DIF) to carry out the procedures for unaccompanied children and adolescents who request it. SEPAMI advises on issues of family unification, migration, attention in the prosecutor's office and the civil registry.

Workshops are given at the shelter for women, boys and girls from the DIF, attention to local, displaced and foreign population. To support the migrant community in their social integration, the support of the State Secretary of Employment has been sought so that this part of the population can access the jobs offered by the employers of this municipality.

## **Indicators**

### **Indicators of impact of results**

**Percentage of beneficiaries who report a better sense of security and well-being at the end of the Program.**  
The report evaluates the percentage of people who completed the implementation of the Program, reported a sense of safety and well-being within the shelters, local communities and neighborhoods intervened by the Program. The expected goal at the end of the Program was for 70% of people to have a feeling of safety and well-being within the shelters, communities and neighborhoods served.

**Percentage of participating children and adolescents who demonstrate a decrease in symptoms of mental and psychosocial distress.**

Percentage of selected children and adolescents who report having shown a decrease in symptoms associated with mental and psychosocial distress. The expected goal at the end of the Program is to reduce to 25% the mental anguish of children and adolescents within the shelters, communities and neighborhoods served.

### **Specific indicators**

- ✓ Number of beneficiaries who receive COVID-19 prevention or treatment services in shelters, communities and neighborhoods.

The indicator aims to assess the number of migrants who receive prevention or treatment measures for COVID-19 upon arrival at shelters, local communities and neighborhoods. Prevention measures refer to widespread practices at the international level. Serving a total of 30,000 people is the scope expected by the Program.

- ✓ Percentage of beneficiary patients receiving primary and emergency care who express satisfaction with the services received.

Measures the level of satisfaction that migrants have with COVID-19 prevention and treatment services. "Services" can refer to the services received in the shelters, you should ask about their level of satisfaction with the application of the international protocol

for COVID-19. The goal in the final evaluation of the Program is that 60% of the beneficiaries are satisfied with the care.

- ✓ Percentage of women, girls, boys and the LGBTI+ population who participate in activities who know where to go to receive support or services.

The indicator measures the level of knowledge of migrants about the supply and location of prioritized support services in the community (protection against gender violence). The goal in the final evaluation of the Program is that at least 25% of the beneficiaries are externally referenced or provided with information on the institutions where they can go to attend to their case.

- ✓ Number of beneficiaries receiving legal support services, disaggregated by sex and age. Count the number of people with whom you receive direct legal advice and case referrals, each individual should be counted only once, regardless of how many types of advice you receive. Children and minors are represented by their parents/guardians. The number of people served is 9,000.

- ✓ Percentage of beneficiaries satisfied with the quality and timeliness of legal services. The indicator focuses on the satisfaction of the beneficiaries, with the attention that the protection system provides to their case, assuming that a high percentage of satisfaction is due to an adequate response of the legal services provided. It was expected that at least 60% would be satisfied at the end of the Program.

- ✓ Number of structured activities (PSS psychosocial services and SEL social emotional learning) offered.

Counts the number of individuals who participated in structured activities specifically in PSS psychosocial services and/or SEL social-emotional learning available to all age groups; activities that have been strengthened and/or designed with the support of the Program.

## **Methodology**

- ✓ **Data collection**

Between November 14 and December 6, 2022, data collection was carried out through proctores surveys with migrants established in shelters, communities and neighborhoods in the southern zone of Mexico, specifically in the cities of Tapachula, Tuxtla, San Cristóbal, Comitán, Palenque, Villahermosa and Tenosique. Before starting to collect the information, the work methodology

and the survey were trained and discussed to ensure the quality and standardization of the information.

The COMMCARE HQ platform was used for data entry and real-time data collection which is overseen by the ChildFund International Sr. Monitoring and Evaluation Officer and the survey team. During the three weeks of data collection, daily updates were made to the collected surveys to identify possible measurement errors and "outliers" that were outside the established ranges. It is also worth mentioning that prior to the official data collection, a day was scheduled to carry out the pilot tests.


The data collection form contained the same questions as in the baseline evaluation. The form consists of 12 questions that was a key information gathering technique for establishing the initial values. There were questions on demographics, questions on the conditions in which the respondent travel, grouped questions to know the situation and how they feel in shelters, communities and neighborhoods, grouped questions to measure the percentage of psychological conditions in which they find themselves children, and whether they receive medical and legal assistance and children's participation in psychosocial activities.

Additionally, in this evaluation, two forms were integrated to qualitatively enrich this measurement, the first was applied to the management of each local partner to obtain first-hand information regarding the impact that working in collaboration with Camino Protegido has generated in the organization. The second form applied to the team of medical professionals, lawyers and psychologists, with the purpose of obtaining relevant information regarding the relationship with the local partner, collecting stories of migrants who, with comprehensive support, had significant physical and emotional improvements (Annexes can be found on page 32.)

#### ✓ Sample

The sample collected was 383 individuals in the shelters, communities and neighborhoods, each of these with its particularities of the population they serve, 120 collected in communities and neighborhoods of Tapachula where it is served in collaboration with the office of Scalabrinianas Misión con Migrantes. The representativeness of the sample is for an estimated population of 60,000 people that is intended to be served in one year of execution of the Program; Of the 383 interviews, two surveys were discarded because the interviewees gave incomplete information, leaving a total of 381 samples. All the information collected is stored on the COMMCARE HQ server, available to interested organizations, with all the confidentiality of the personal data of the migrants who participated in the study.

Methodologically, it was necessary to interview the same people surveyed in the baseline; However, due to the mobility situation of this population, it becomes impossible to meet them

to evaluate their improvement process, which made it a challenge. To solve this probabilistic factor, people with similar characteristics to those of baseline, so that the quantitative and qualitative information is fully statistically viable. It is worth mentioning that it was possible thanks to efforts to contact and interview persons who were initially surveyed 

The number of samples was obtained under the cluster sampling method; a methodology that takes advantage of the existence of groups or clusters in the population that significantly represent the characteristics of the population that we want to measure. That is, these groups contain all the variability in the capacity or number of people that each shelter can house. The formula used is shown below:

$$n = \frac{N}{1 + \frac{e^2(N-1)}{z^2 pq}}$$

Where:  
 Z =Quantile of normal distribution for the level of confidence  
 P = Proportion to estimate  
 R = Maximum permissible error  
 N = Population  
 E = maximum permissible error  
 n = Sample size

Table 2. Representativeness of the sample

Shelters	Interviewers	Girls	Boys	Teenagers	Adults
Albergue Oasis de Paz del Espíritu Santo Amparito	28	5	7	6	27
Casa del Migrante Jesús Esperanza en el Camino	35	7	7	7	15
Casa del Caminante Jtatic Samuel Ruiz Garcia	46	8	12	25	56
SEPAMI Tuxtla/Comitán/San Cristobal	64	12	6	0	30
72 Hogar Refugio para Personas Migrantes	88	15	21	4	34
SMR Scalabrianas Misión con Refugiados	120	58	79	23	172
<b>Total</b>	<b>381</b>	<b>105</b>	<b>132</b>	<b>65</b>	<b>334</b>

Source: Prepared with Database for the final report of the PRM December 2022.

## **Political, legal and regulatory framework**

### **a) Guarantee of the rights of migrants, refugees and asylum seekers.**

The Program guided the activities in the implementation shelters, ensuring that access to medical, legal and psycho-emotional support services is guaranteed for migrants and refugee applicants in accordance with the provisions of the national legal framework for the care of migrant people. The legal framework that serves as a reference for the execution of the project is made up of the following laws:

**Migration Law:** Establishes that there must be strict respect for the human rights of migrants, nationals and foreigners, whatever their condition, being able to access medical and educational services provided by the public and private sectors, regardless of their status migratory. In 2020, this law was modified to prioritize the non-deprivation of liberty of children and adolescents (accompanied or unaccompanied) for immigration reasons, prior to the initiation of any procedure related to them, immediate notice will be given to the Attorney General's Office. the nation. Protection. Every girl, boy or adolescent will be documented as a Visitor for Humanitarian Reasons and its validity will be extended until the end of the immigration administrative act that dictates the special protection measures.

**Law on Refugees, Complementary Protection and Political Asylum:** It seeks to regulate the granting of political asylum, the recognition of refugee status and the granting of complementary protection, through guidelines and articles that govern their actions. No applicant or refugee may be returned in any way to the territory of another country where his life is in danger. Clear, timely and free information on the procedure and the rights inherent to it must be provided. The Ministry of the Interior will be in charge of analyzing and evaluating all requests and will issue, in each case, its resolution in writing, within 45 business days following the day after the request is submitted. Although, due to the increase in applications for recognition of refugee status,

**Comprehensive health care plan for the migrant population:** its main objective is to seek coordination of first-contact health care required by the migrant population as the main axis of Mexico's humanitarian response, favoring access to medical care, including Psychological care at all levels. Despite this, there are barriers for some people to access these services, among which are the difference in language, fear of being referred to immigration authorities, lack of information about the location of services, lack of financial resources to go to health centers, etc. For this reason, the inclusion of doctors, nurses and psychologists was considered to guarantee that they receive first-rate care and referral to specialized services.

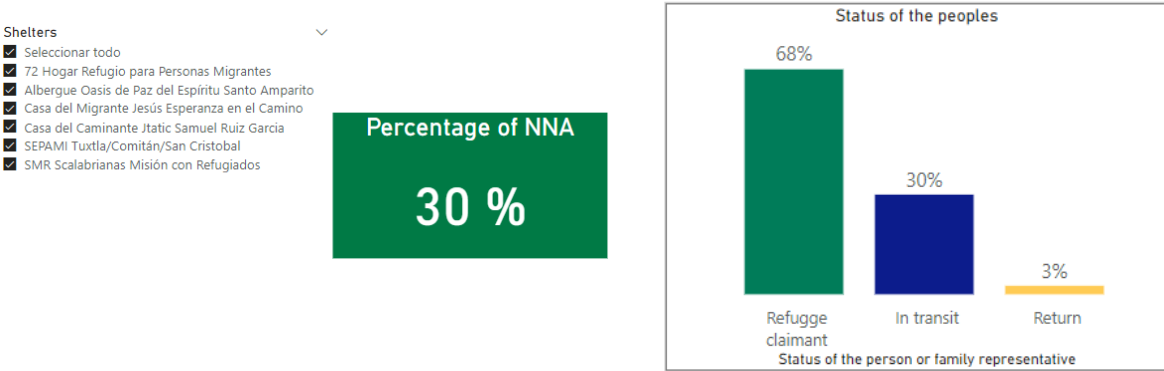
Due to the recent health emergency caused by the pandemic, Mexico has launched the Operational Plan for the care of the migrant population during COVID 19, which includes

fundamental strategies to face the challenges of health care and priority preventive actions that facilitate access to comprehensive and quality care. With the presence of the Protected Passage Program in the field and combined efforts with the authorities, shelters and spaces for the care of the migrant population, health contingency has been achieved at the points of presence.

**Main findings**

- An important part of the migrant communities are children: in relation to the quantitative data of the surveys carried out on migrants in transit and return in the two southern states of Mexico, 30% of the population are children and adolescents.
- Attention is directed to the migrant population and the basic needs of people residing in the host communities are also met: In the consultation processes it was verified that the children and adolescents and their families have received basic services upon arrival at the shelters, these actors expressed that support has been provided.
- The services are standardized in all shelters and organized in such a way that each person who enters receives at least one service. Regarding the services that shelters provide to children and their families, the following are mentioned: accommodation, food, family hygiene kits, differentiated kits for boys and girls, women and men, COVID-19 hygiene kits, clothing, telephone calls, internet use.
- The majority of migrants and refugee applicants are of Honduran nationality followed by Haitian. It should be noted that 68% of the people surveyed are refugee applicants, these are mostly people of Honduran origin.
- 30% of people who are in transit without requesting refuge or asylum and a minority of people who return to their countries of origin by 3%.

Figure 1. Figure 2.

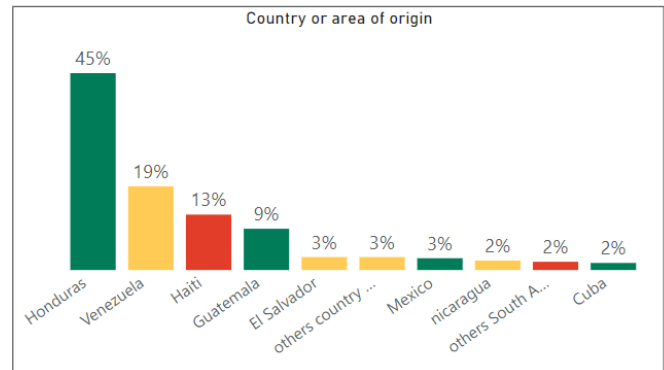
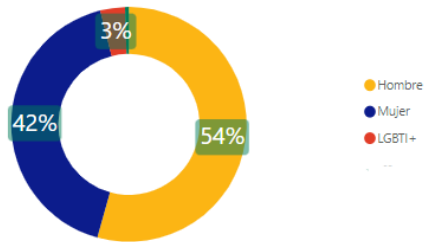


Source: Prepared with Base Database for the final PRM report December 2022.

- **Most migrants are traveling in smaller families.** Families are made up of three average members (one adult and two children); Unlike a year ago in the baseline where the average family was made up of 2 members.
- **While most families are headed by men (56%), women headed nearly half of all households (44%).** At baseline, they were made up of 62% men and 36% women. Among the countries, a higher percentage of households headed by women was found in Haiti (47%), followed by Honduras (38%) and Venezuela (33%), unlike the baseline where the percentage of households headed by women in Haiti (15%), followed by Honduras (14%) and Guatemala (2%).

Figure 3. Figure 4.

Gender of the beneficiary or representative of the family



N=381

Source: Prepared with Base Database for the final PRM report December 2021.

## a) Transversal indicators

### Percentage of beneficiaries reporting a better sense of security and well-being

Evaluates the percentage of people who, at the end of the implementation of the Program, report a feeling of safety and well-being within the shelters intervened by the Program.

Figure 5. Impact result 1



N=381

Source: Prepared with Base Database for the final PRM report December 2022.

In this final evaluation, it was found that the **83% of the migrant population feels comfortable and safe inside the shelters, assistance offices, and communities and neighborhoods. With the collaboration of the Protected Passage team, service capacities or attention to the needs of migrants have been potentiated and strengthened. they have, to this is added the level of situational conformity in which other people living in communities and neighborhoods find themselves where before there was no intervention by non-governmental or governmental organizations, but currently these communities and neighborhoods receive at least two brigades per month to meet your priority needs. Compared with the baseline, where it was found that only 46% of the migrant population presented or felt well.**


In the longitudinal analysis of the data, a solid upward trend in satisfaction is shown, the results for this condition changed positively in relation to the reference point before the implementation of the Program financed with PRM. **The goal of 70% was widely exceeded.** It is worth mentioning that the SEPAMI San Cristobal shelter is where people reported the highest level of security, reaching 89%. Another shelter where migrants feel safe and cared for is Jesús Esperanza en el Camino, with a percentage of 83%.

In the communities and neighborhoods served by the office of the Scalabrinianas Mission with Migrants and Refugees (SMR) an improvement has been demonstrated in terms of the increase in the number of services as well as in the quality of the services. 71% of people feel in a well-being environment; This is a very significant change since before the implementation of the Program their level of safety and well-being was at 34%. This indicator was obtained by



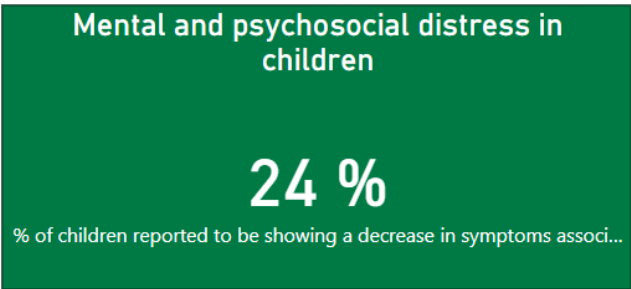
evaluating a total of eleven questions, which basically consult the physical state, conditions, and care within shelters, service offices, communities, and neighborhoods.

✓ **Percentage of selected children who reported a decrease in symptoms associated with mental and psychosocial distress**

We assessed the effectiveness of the humanitarian response based on the percentage of children who report showing a decrease in symptoms associated with mental and psychosocial distress (compared to baseline). **Parents were asked** about the psycho-emotional conditions of children and adolescents during their stay in shelters or care spaces.  The questions were structured to obtain answers using a Likert scale, the data analysis was obtained using the statistical method of the Multiple Linear Regression Model to respond to the indicator.

To obtain this indicator, a total of ten questions were asked to parents, a total of 209 of the people interviewed were accompanied by children and adolescents, which represents 55% of the general population.

Figure 6. Impact result 2



N.=381

Source: Prepared with Base Database for the final PRM report December 2022.

In the baseline, the average value in this indicator was that 59% of the child population presented symptoms associated with mental and psychosocial discomfort; all interviewed adults who are accompanied by children had an answer about how they observed compartmental, mood and anxiety conditions. **In contrast, in this final evaluation, only 24% of the entire population of children and adolescents presented symptoms associated with mental and psychosocial discomfort. This result and retrospective analysis represents that it was possible to reduce the negative physical/emotional condition by 35%, which highlights the positive impact of comprehensive care on children and adolescents.**

**The measurement of this indicator clarifies that it is intended to evaluate the DECREASE of the symptoms of mental and psychosocial distress in children and adolescents, it was expected to reduce from 59% in the baseline to a value of 25% or less than the end of the Program; With this current result of 24%, it is shown that the goal was met and also serves as a foundation for new challenges in monitoring the implementation of the Program.**

In the city of Tapachula, it is difficult to attend to the total population staying there. Thus, 38% still present these symptoms. On the contrary, mostly in shelters is where the lowest level of anxiety and stress was found, which means that in these spaces they meet the favorable conditions to generate mental and psychosocial health of migrant minors.

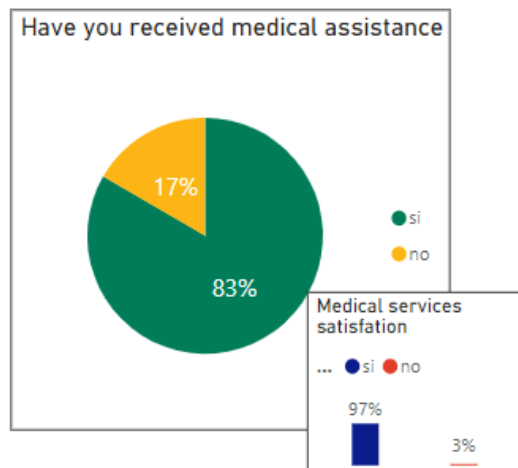
All the shelters have a space to develop psychosocial activities; In the interviews with the shelter management or local partner, he thanks the Program and PRM for financing the team of professionals who support them in covering all the demands for attention of migrants, especially children and adolescents and vulnerable people.

#### **b) Specific indicators**

- ✓ **Number of beneficiaries who receive COVID-19 prevention or treatment services in shelters, communities and neighborhoods.**

This objective was to evaluate the percentage of migrants who receive prevention or treatment measures for COVID-19 and medical assistance upon arrival at the shelters. COVID-19 prevention measures and medical care in general refer to widespread practices internationally.

Figure 7. Medical assistance and prevention of Covid-19



N.=381

Source: Prepared with Base Database for the final PRM report December 2022.

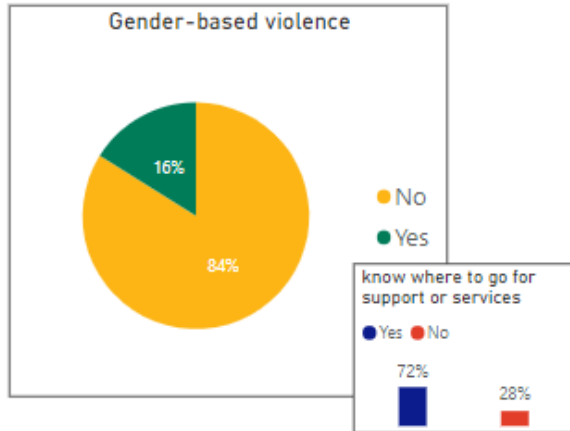
With reference to the quantitative data for this indicator in the surveys carried out on migrants in the shelters, communities and colonies, **83% of them stated that they received medical care during their passage or stay in shelters, contrary to 17% of the people who did not receive care and services during their immigration process.** In general terms, it can be affirmed that 83 out of every 100 migrants receive the required care in terms of medical assistance; compared to baseline where only 33% received this type of care.

Without a doubt, this good result was achieved with the effort and willingness to serve the medical professionals assigned to each space and the remaining team of professionals who made comprehensive care possible. Children and vulnerable people are treated in a special way, giving them follow-up care on occasions that deserve it. Regarding the findings in this indicator, the addresses of the shelters request the follow-up of the Program, support with medical specialties, dentists, psychiatrists, nurses and gynecologists. Another measurement variable in this indicator was the level of satisfaction with medical care, where 97% of people are satisfied with medical care.

- ✓ **Percentage of women, girls, boys and the LGBTI+ population who participate in activities who know where to go to receive support or services.**

The indicator measures the level of knowledge of migrants about the supply and location of prioritized support services in the community (protection against gender violence); Added to this indicator, it evaluates whether survivors of gender-based violence were informed that they were referred by the professions to receive support for their cases.

Figure 9. Gender violence



N.=381

Source: Prepared with Base Database for the final PRM report December 2022.

In the final evaluation, nearly 2 out of 10 people surveyed (16%) are survivors of gender-based violence; number that depends on factors external to the Program. **The important thing is that of these 2 people out of 10, the Program, in collaboration with local partners, has been able to inform or give external reference to 72% of that population and referral Passageways and mechanisms have currently been created and thus the migrants served with that situation knows where to turn. In conversations with the majority of GBV survivors, they affirm that they are educated about their rights as migrants in Mexico and they recognize institutions where their complaints can be resolved.**

Similar data were obtained at the baseline in relation to the number of GBV survivors, which were 2 out of 10 people; The difference was that before the implementation of the Program, 60% were not educated about their rights and did not know where to go to present or report their cases to receive help.

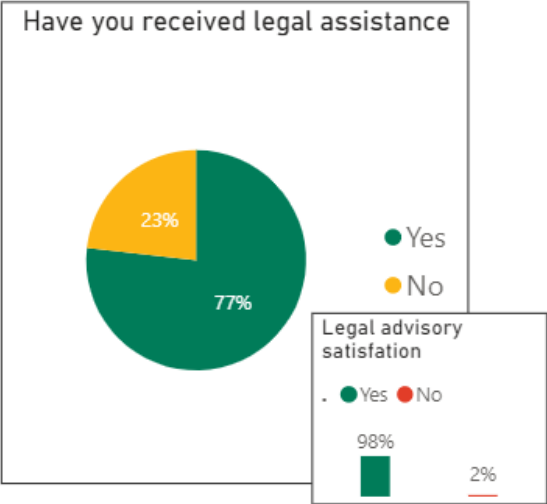
At that time, within the shelters there was little attention to GBV services, due to the fact that the demand for services to migrants is prioritized to cover more basic needs, such as food and lodging, and noting that in the communities and neighborhoods it was unknown completely this type of reference.

✓ **Number of beneficiaries receiving legal support services, disaggregated by sex and age.**

This counts the number of people with whom they receive direct legal advice and referral of cases. Each individual should be counted only once, regardless of how many types of tips they receive. Children and minors are represented by their parents/guardians in the computation.

According to the logical framework, if possible, 60% of the adult population within the shelters, communities, and neighborhoods should be advised by lawyers, so that they know the migratory processes with COMAR, INM, and other organizations; Thus, they are informed about their rights as foreigners or migrants in Mexico.

Figure 8. Legal Assistance



N=381

Source: Prepared with Base Database for the final report of the PRM December 2022.

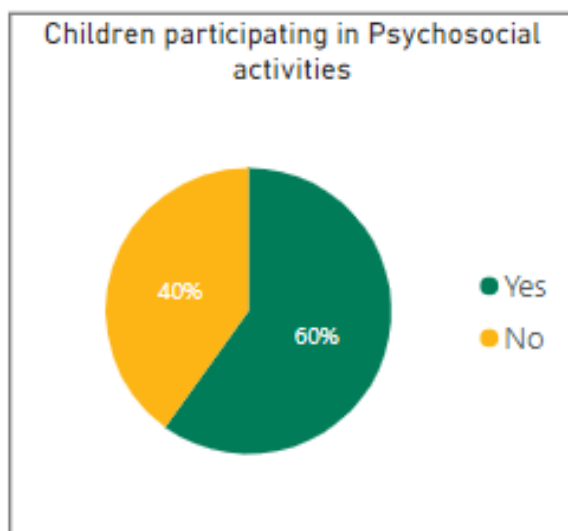
Regarding this indicator, **77% of the migrants surveyed in the shelters, communities and neighborhoods indicated that they had received any type of legal advice**; In this sense, it is noted that 7 out of 10 migrants in transit who were surveyed know about the regulatory, legal issue in the country of Mexico, about the offers and location of the services where they can go to receive support, for example, that They have received accompaniment from a legal professional with indications of where the services are where they can be referred to state entities that provide them with timely help. The value was exactly inverse to the baseline where 7 out of 10 migrants did not receive or were unaware of immigration policy and regulations in Mexico.

It is worth mentioning with the finding that 23% who have not received legal attention is a challenge to reduce that margin of people who do not receive legal attention or information. In the case of satisfaction with the quality of legal attention, it was obtained that 98% of the total number of people attended expressed that the indications and legal advice were very successful for their cases and others were also referred to state institutions to carry out their legal procedures. humanitarian visa, refuge or asylum.

- ✓ **Number of structured activities (PSS psychosocial services and/and SEL social emotional learning) offered.**

This counts the number of activities specifically structured in PSS psychosocial services and/or socio-emotional learning (SEL) available for all age groups, especially children and adolescents; activities that have been strengthened and/or designed with the support of the Program

Figure 11. Psychosocial activities



N=381

Source: Prepared with Base Database for the final report of the PRM December 2022.

*Before the implementation of the Program, 78% of children, adolescents and adults did not participate in psychosocial stimulation activities; the results with a cohort study one year later changed to that only 40% of that population does not receive psychological care; Thus, the remaining 6 out of 10 people do receive individual attention.*

*Some strategies used by professional psychologists to cover the maximum number of the population are developing motivational talks, psychological first aid, also with children doing activities, also educational activities and that They help reduce your anguish and anxiety. In addition, coordinating and joining other organizations in the development of activities in spaces outside of shelters.*

#### Procedures to manage risks

1. It is suggested to continue the close relationship and communication with each local partner, to avoid differences and continue adding synergies for the efficient attention to migrants and to constantly apply continuous improvement in the processes where they coincide.

2. Continue supporting the strengthening of the administrative area of local partners, to continue improving internal control.
3. Train the entire team continuously on issues of empathy, human sense to work with the population of various countries of origin.
4. Give feedback and make sure to give induction on security policies and manuals of the Program, to avoid incidents or potential risks.
5. Continue coordinating with organizations to avoid duplication of efforts.

### **Consultation and Disclosure**

The dissemination of this final evaluation is the responsibility of the entire team because it contributes to the democratization of the knowledge and experiences acquired prior to the implementation of the Program, it is very necessary to share the results with the PRM management, with the Program management, at team of professionals and local partners (hostels). it can also be shared with UNHCR and other UN partners and interviewed migrants. It is necessary to hold a seminar with them. (Shared by email, conference, coordination meeting).

## Annexes

**Table A1.1 Impact results**

Indicator	Indicator Type	target or percentage	% baseline	% in final evaluation	as measured	Indicator definition
% of beneficiaries who report a greater sense of security and well-being at the end of the Program.	Impact result	70%	46%	83%	At the beginning and at the end of the Program.	Evaluates the percentage of people who initially and finally report a sense of safety and well-being within the shelters served by the Program.
% of selected children who reported showing a decrease in symptoms associated with mental and psychosocial distress (compared to baseline).	Impact result	25%	59%	24%	At the beginning and at the end of the Program.	Evaluates the effectiveness of the humanitarian response based on the % of children who report showing a decrease in symptoms associated with mental and psychosocial distress (compared to baseline). measures the decrease in symptoms associated with mental discomfort, comparing the % before implementing the Program and at the end of implementation; taking into account that this value drops to a % lower than the initial one. Parents should be asked questions about the psycho-emotional conditions of the child during his stay in the shelter.



**Table A1.2. Survey**

1. "Program for the prevention, preparation and response to COVID-19 in Mexico".

2. Shelter

0. 72 Shelter Home for Migrants

1. Oasis of Peace Hostel of the Holy Spirit Amparito

2. 72 Shelter Home for People Mi

3. walking house J' Tatic Samuel Ruíz García

Four. House of the Migrant Jesus Hope on the Way

5. Hospitality and Solidarity

6. Scalabrinianas Mission with migrants and refugees

7. SEPAMI


3. PERSONAL DATA OF THE INTERVIEWEE

4. Informed consent The purpose of this information is to obtain specific data for the humanitarian aid provided to this shelter by the "COVID-19 prevention, preparation and response program in Mexico" The information you provide will be treated confidentially and anonymous.

5. I agree to support with the required information

0. Yes

one. Not


6. Name of the beneficiary or family representative

0. Name of the beneficiary or representative of the family \_\_\_\_\_

1. Sex of the beneficiary or family representative

0. Women

one. Man

2. LGBTI+


2. Age of the beneficiary or family representative required



eleven Asia

7. The interviewee or their companions have a required disability

0. Yes

one. Not

8. SENSATION OF SECURITY AND WELL-BEING

0. Below you will find some statements about ideas and emotions that you feel during your stay in the hostel.

In the hostel they provide us with what is necessary (food, health, hygiene,

0. Never

one. Sometimes

2. Always

1. In the hostel they treat me with the required respect

0. Never

one. Sometimes

2. Always

2. I have felt safe during my stay in the required shelter

0. Never

one. Sometimes

2. Always

3. I have felt relieved required

0. Never

one. Sometimes

2. Always

4. I am concerned about the well-being of the other people who accompany me required

0. Never

one. Sometimes

2. Always

5. During my stay in the hostel I have recharged the necessary positive energy.

0. Never

one. Sometimes

2. Always


6. I have solved the main problems of my stay in the hostel (legal, medical and psychological) required

0. Never

one. Sometimes

2. Always


7. I have felt good about myself required

0. Never

one. Sometimes

2. Always


8. I have felt comfortable interacting with the other people in the required shelter

0. Never

one. Sometimes

2. Always


9. I have felt loved or valued needed

0. Never

one. Sometimes

2. Always


10. I have felt happy required

0. Never

one. Sometimes

2. Always


11. Comment on the feeling of security and well-being

9. SYMPTOMS ASSOCIATED WITH MENTAL AND PSYCHOSOCIAL ANGUISH

0. Common signs of emotional distress in accompanying children and youth

0. Anxious mood The child has been feeling restless and negative; Or waiting for the worst to happen. He feels irritated most of the time required

0. Never

one. Sometimes

2. Always


1. Tension The child has felt a sensation of physical fatigue. He often cries for no specific reason. When he's at the shelter, all he wants is to leave. required

0. Never

one. Sometimes

2. Always


2. Fears When you are in a dark place you feel afraid You are afraid of strangers when they approach you Animals in general are scary You are afraid of being in closed places where large groups of people are required

0. Never

one. Sometimes

2. Always


3. Insomnia Often has trouble sleeping at night Wakes up many times at night for no apparent reason Often has nightmares or dreams that scare him In general is afraid at night required

0. Never

one. Sometimes

2. Always


4. Intellectual functions You often find it difficult to concentrate. Has difficulty remembering things that just happened required

0. Never

one. Sometimes

2. Always


5. Depressed mood You usually find it hard to enjoy what you do. You feel depressed easily. You get angry easily. Required.

0. Never

--

one. Sometimes

2. Always


6. Somatic symptoms Has often felt muscle aches and pains Voice is shaky and unsteady Grits teeth when angry During the day I have difficulty looking at least once (blurred vision) I usually hear ringing in the ears At some point in the day I feel tingling in my extremities I often feel weak required

0. Never

one. Sometimes

2. Always


7. Respiratory symptoms Even without exercise, you often feel short of breath. During the day you sigh many times for no apparent reason. required

0. Never

one. Sometimes

2. Always


8. BEHAVIOR OF THE CHILD DURING THE INTERVIEW

9. General: Child is tense, uncomfortable, twitching of hands, rubbing fingers, clenching of fists, unsteadiness, shifting, clasping hands, frowning, tense face, increased muscle tone, wheezing, paleness facial required

0. Never

one. Sometimes

2. Always


10. Physiological: swallowing, belching, tachycardia at rest, respiratory rate greater than 20 breaths/min, sharp tendon reflexes, tremor, pupillary dilation, exophthalmos, required eyelid myoclonus



0. Never

one. Sometimes

2. Always


11. Commentary on symptoms associated with mental and psychosocial distress


SERVICES RECEIVED IN SHELTERS

0. Have I received any medical or prevention or treatment assistance for COVID-19? required

one. Yes

--

2. Not

1. Are you satisfied  with the medical and prevention services for Covid-19? required

0. Yes

one. Not

2. Have you been a victim of physical or psychological abuse? for example: beaten, belittled by your partner, hit, yelled at or feared for your own life within the required shelter

0. Yes

one. Not

3. know where to go for support or services when you have been the victim of physical or mental abuse, for example, you saw a doctor or talked to a social worker

0. Yes

one. Not

4. Have I received any assistance from legal advisory services according to your needs on the trip? required

0. Yes

one. Not

5. Are you satisfied with the legal advisory services provided to you? required

0. Yes

one. Not

6. Have your children participated in any child-focused activities? such as games, sports and other required

0. Yes

one. Not

I appreciate your time and availability to support us.

### **Interview with professionals**

#### **Gratitude**

1. What are the perspectives from the different attentions generated in this shelter/office/ space?
2. They can tell us about relevant experiences with people who have received care and how the evolution has been seen in relation to the first care to the last or current care.
3. Can you tell us about cases of survivors of gender-based violence, their follow-up and external references made.
4. What is the projection on the influx of people in the following month to this shelter/office/ space?
5. Comments and findings relevant to care in this shelter/office/space.

### **Local partner representatives**

#### **Gratitude**

1. How has your organization/shelter's relationship been with the Camino Protegido Program/ChildFund team?
2. How do you consider the dynamics and strategies of the Protected Road Program when working in partnership with this organization/shelter/office/space?
3. In the future, would this organization/shelter/office/space be in a position to collaborate in caring for migrants?
4. What are the main challenges faced in caring for migrants?
5. What are the lessons learned during this year of implementation of the Protected Road Program?

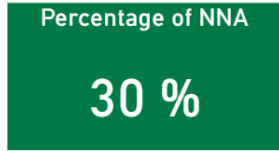


# Image A1. Data analysis

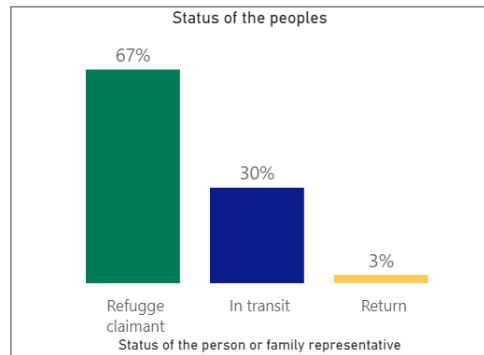
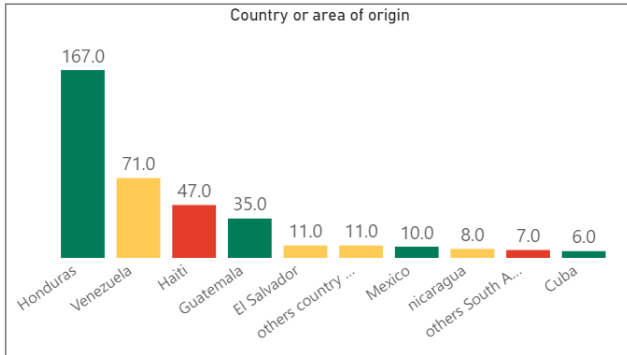
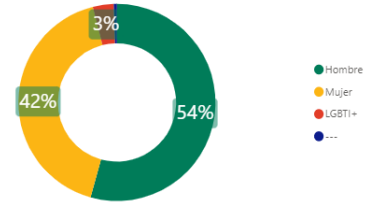
## Characterization of people in shelters and neighborhoods

### Shelters

- Seleccionar todo
- 72 Hogar Refugio para Personas Migrantes
- Albergue Oasis de Paz del Espíritu Santo Amparito
- Casa del Migrante Jesús Esperanza en el Camino
- Casa del Caminante Jtatic Samuel Ruiz Garcia
- SEPAMI Tuxtla/Comitán/San Cristobal
- SMR Scalabrianas Misión con Refugiados

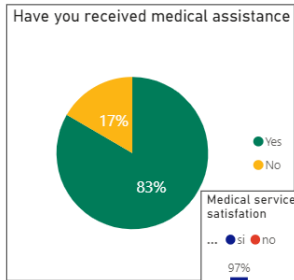


### Gender of the beneficiary or representative of the family

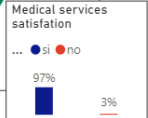


# Image A2. Data analysis

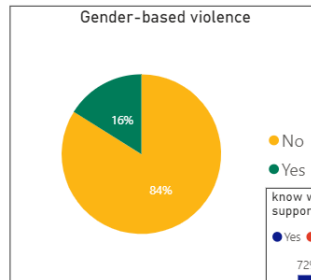
## Specific Indicators



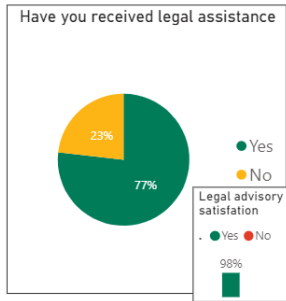
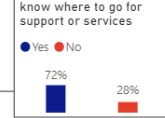
Of the 83% of who answered received medical attention, 97% report being satisfied



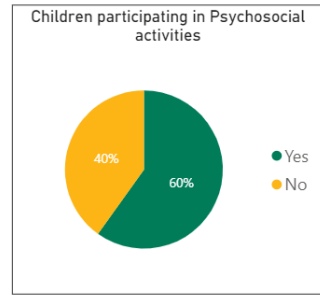
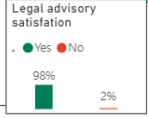
- Albergue**
- Seleccionar todo
  - 72 Hogar Refugio para Personas Migrantes
  - Albergue Oasis de Paz del Espiritu Santo Amparito
  - Casa del Migrante Jesús Esperanza en el Camino
  - Casa del Caminante Itatic Samuel Ruiz Garcia
  - SEPAMI Tuxtla/Comitán/San Cristobal
  - SMR Scalabrianas Misión con Refugiados



of the 16% who answered that they have been victims of gender-based violence 72% of them know where to go to report.



Of the 77% of who answered received legal attention, 98% report being satisfied



Photos

Image A1: Collection of information, in focus groups and individually.



Image A2: Interview migrant person



Image A3: Data collection

