

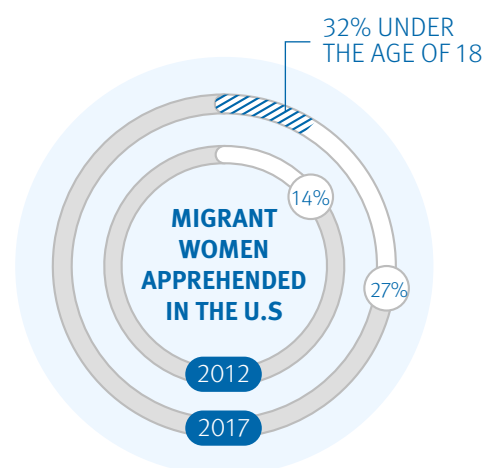
Travelling in the Shadows

Migrant women fleeing abuse and danger in the Northern Triangle face new horrors on the road to the US border, and few can access the reproductive health services and supplies they need. But does anyone care?

Thousands of women in Central America’s Northern Triangle (Honduras, El Salvador, and Guatemala) face daily risks in a region riddled with corruption, drug crime, human trafficking, and gender-based violence. Domestic abuse, already widespread, was further exacerbated by the pandemic and its attendant lockdowns and, as of 2019, El Salvador and Honduras have Latin America’s highest rates of femicide, or gender-based murders of women and girls over the age of fifteen.¹ Gang members force young women and girls into sexual relationships and resistance can lead to death. Gangs (‘maras’) exact revenge on rivals via the rape and murder of daughters and sisters.²

So untenable is life at home that every year, thousands of women hire smugglers (called ‘coyotes’) to help them make the long trek to, and across, the US border to the promise of a new life. In recent years there has been a growing feminization in the migration from the Northern Triangle northward reflected in the share of migrant women apprehended in the U.S. – in 2012, female apprehensions represented 14%, while in 2017 they reached 27%, with girls under age 18 as the greater share of the apprehended child population, at 32%.³

Tragically, in leaving home, many of these women will leap from the frying pan into a fire.



¹ Cheatham, Amelia. “Central America’s Turbulent Northern Triangle” Council on Foreign Relations 1 July 2021

² Hallock, Jeffrey, Soto, Ariel G. Ruiz, and Fix, Michael. “In Search of Safety, Growing Numbers of Women Flee Central America” Relief Web 30 May 2018

³ Pérez, Iliana Yazmín Flores “Migrant women and girls from the Northern Triangle and their journey through Mexico: A downward spiral of hazards” Research and Literature on the Americas, 15th February 2021

The RHSC investigation

A key objective of the Reproductive Health Supplies Coalition (RHSC) is to ensure that reproductive health (RH) supplies reach the many women and girls who need them, and especially those who are – for a variety of reasons – forgotten or ignored by those in power. The RHSC’s strategic workplan⁴ commits explicitly to directing resources to meet the supply needs of countries and populations at risk of falling through the cracks. ForoLAC, the RHSC’s Latin American and Caribbean forum, brokers high-level conversations, advocacy initiatives, and technical activity with its nearly 600 members. It is ideally placed to leverage its regional partnerships to understand why the plight of itinerant women and girls – never mind their RH supply needs – occupies such little space in global conversations.

Barely a thought is given to the realities of their sexual exploitation and abuse.

An initial literature search showed that while concern for the humanitarian struggles of migrants and their families is commonplace, less evident is the plight of migrant women as they journey north. And barely a thought is given to the realities of their sexual exploitation and abuse. Applying a “supplies lens”⁵ to this troubled situation, ForoLAC reached out to more than 30 agencies working in the region and began to piece together an eye-opening – and disturbing – picture of the reality on the ground. It delved into agencies’ experience working with migrant populations in Central America; it solicited ideas to support contraceptive access for migrants; and it probed innovative solutions with the potential to deliver short-term results.

Among the organizations and consultants contacted were:



MEXICO: MEXFAM, Servicios Humanitarios en SSR, INSAD, Erika Troncoso (Consultora), UNFPA-Mexico, Fundación Slim.



GUATEMALA: Wings-Guatemala, OSAR, UNFPA-Guatemala, Red Cross-Guatemala, APROFAM, PSI, PASMO, Anabella Sanchez (Consultant), TANUXIL, Consejo Nacional de Atención al Migrante de Guatemala (CONAMIGUA), ASOCIACION POP NO’, Red Mesoamericana, Mujer, Salud y Migración.



HONDURAS: UNFPA-Honduras, Centro de Derechos de Mujeres, ASHONPLAFA.



EL SALVADOR: SECOMISCA, UNFPA-El Salvador, Asociación Demográfica Salvadoreña Profamilia

The following learnings were gleaned from a review of current scholarship; interviews with partners on the ground; and responses to a bespoke questionnaire prepared by ForoLAC.

Female migrants travelling from the Northern Triangle are a highly vulnerable group, at the mercy of authorities.

POVERTY AND GENDER DISCRIMINATION ROB WOMEN AND GIRLS OF AGENCY AND SECURITY

Female migrants travelling from the Northern Triangle are a highly vulnerable group, at the mercy of authorities. Local political authorities have not been effective allies in meeting migrants’ needs, in part because they themselves benefit so often from the status quo. Many in positions of authority such as military and police officers sexually exploit those who have no legal authority to be in a country. Migration routes are also plagued by gangs, human traffickers, and drug traffickers. The Northern Triangle is a drug corridor used by traffickers to transport cocaine, opium, and marijuana to Mexican drug cartels and to the United States. Women run an ever-present risk of being coerced into a human or drug trafficking ring.

The upshot of this is that it is often very difficult for the reproductive health supplies community to source – and build alliances with – authority figures in the area.

WOMEN KEEP THEIR HEADS DOWN

Migrants travel in groups with a leader – the coyote – who has absolute control and forces his travelers to keep a low, almost non-existent, profile. They must not leave a paper trail of any kind, so they avoid checkpoints. They must remain invisible even when sick or needing medical services, so they will not seek out health or emergency services. This vanishing act is compounded by the woman’s own singular goal -- to “get to the North”. She will do her utmost not to stick out, but instead will try to blend in and keep her head down. Going to a health center heightens the risk that a migrant will be reported, refused services, or simply delayed, should the others move on.

⁴ Money, Markets, Movement: Operationalizing the Coalition’s new workplan, Reproductive Health Supplies Coalition

⁵ Solving Challenges Through a ‘Supplies Lens’” Reproductive Health Supplies Coalition

SEXUAL VIOLENCE IS RIFE

Even in the face of rape and physical violence, migrants keep quiet so as not to be kicked out of their travelling group. In fact, female migrants embark on these journeys knowing full well that they will be raped – that being sexually assaulted is an unavoidable part of journey to the US border. The route is peppered with small accommodations where coyotes take women and girls to abuse them. Additionally, shelters often house male and female migrants in the same quarters, providing yet another setting for sexual assault to take place.

TABOO AND SECURITY CONCERNS MAKE THIS A TRICKY ISSUE—EVEN FOR THOSE WHO DO CARE

The Catholic Church is a key respondent to humanitarian crises across Latin America but because family planning and emergency contraception are traditionally controversial subjects, the Church is not a likely ally in this situation. In addition, sexual and reproductive health concerns may often come across as a ‘niche’ concern in the face of overwhelming ‘bread and butter’ issues such as food and shelter, and thus often get put on the back burner.

Interviewees were circumspect

Consequently, donors may not prioritize sexual and reproductive health needs. In addition, many development organizations are reluctant to help migrants out of fear of incrimination for running afoul of authorities. Many of the interviewees were circumspect about citing sources and contacts by name and preferred to provide information by which they could not be identified.

SUPPLIES KITS ARE SPORADIC

Designing a medical program for migrants is challenging as the women and girls move in groups and stay away from legal commercial travel routes, avoiding official checkpoints as much as they can. One way organizations on the ground have tried to address this is by leaving packs or kits of sanitary products, emergency contraception, post-exposure prophylaxes, and other items in the sites migrant women pass through, where women can collect them anonymously without having to make interpersonal contact with authorities. This approach has obvious advantages, offering expediency and anonymity. But few organizations—and certainly not smaller NGOs—can leverage the economies of scale necessary to secure the required quantities of supplies and medicines at affordable and sustainable prices.

What can be done?

It was clear that the problem needs to be approached from a novel perspective, as the usual best practices in contraception and family planning approaches do not apply in these unique circumstances.

Interview respondents were more prone to thinking in terms of traditional health service delivery, than delivering supplies into the hands of migrant girls and women. The clandestine nature of migrants’ experience makes it difficult to focus efforts on static health facilities. A successful approach would need to effectively position supplies with partners on the ground in the hope that they will reach those women who need them most.

These learnings suggest specific ways forward:



Raise awareness of the problem by encouraging wider discussion of this issue, generating opportunities for discussion through media, op-eds, webinars, in-person panels, and blogs.



Think “out of the box”. The challenges described above cannot be addressed by a “business as usual” approach, but instead call for innovative alternatives to traditional notions of service delivery.



Secure donor engagement through effective advocacy. As many donors – however well-intentioned – are reluctant to touch the issue of migration, unpacking – and ultimately overcoming – this hesitancy will be crucial.



Support on-the-ground groups providing supply kits; help them build a reliable distribution network.



Approach the situation through a more neutral “supplies lens”, steering conversation towards issues of access and choice, rather than the polemics of national interests and migration policy writ large.

If you would like to discuss partnering with ForoLAC and the RHSC to make a real and lasting change for female migrants in the Northern Triangle, get in touch with Monique Zegarra at mzegarra@rhsupplies.org or Milka Dinev at mdinev@rhsc.org.