Mixed Movements Monitoring

October - December 2025

Key Figures

3,043
Individuals were interviewed from October to December 2025.

37
Nationalities interviewed

33
Average age of respondents

57% VENEZUELANS
12% HONDURANS
10% COLOMBIANS
6% CUBANS
4% HAITIANS
11% OTHER
Main nationalities of respondents

COSTA RICA: 634
MEXICO: 620
GUATEMALA: 513
PANAMA: 385
CHILE: 328
HONDURAS: 320
BOLIVIA: 243
Number of interviews per country

58% Men

42% Women

48%
Travelling with family

31%
Travelling in families with children

Introduction and scope

Since 2023, the regional Mixed Movements Monitoring initiative—led by UNHCR and WFP, with UNICEF joining in mid-2024—has been tracking mixed movements across Central America and Mexico, as well as Colombia, Bolivia and Chile in South America. To date, the initiative has conducted over 48,000 interviews across nine countries.

Using a harmonized questionnaire and qualitative research methods applied across multiple countries in border contexts, the initiative systematically analyzes trends, population profiles, and the needs of displaced and vulnerable groups. It collects critical data on drivers of movement, protection risks, food security, and child-related concerns to inform evidence-based policymaking and strengthen regional humanitarian responses.

Key Findings

1. Destination preferences evolved considerably over time, with plans increasingly focused on countries within the region. Mexico, Chile, and Costa Rica were the most common intended countries of stay, while Chile, Colombia, and Mexico were the leading destinations among those engaged in onward movements. Overall, three in four respondents reported changing their intended destination at least once.
2. While 58% of respondents reported needing legal assistance during their journey, only 42% were able to access it, highlighting a substantial gap between needs and available support. Access was particularly limited in Panama (2%) and Guatemala (9%).
3. Six in ten respondents (61%) experienced a protection incident, with threats and intimidation rising to 50% — families with children were most exposed (68%), and Venezuelans reported the highest rate of any nationality (74%).
4. Willingness to apply for asylum declined from 78% in Q3 to 51% in Q4, alongside a growing interest in alternative regularization pathways, suggesting that respondents were increasingly considering a wider range of options to secure legal status.
5. Child vulnerability remained acute: 52% of children under five were in severe food poverty — nearly six times the regional average — and 95% of caregivers reported unmet needs for educational spaces for school-aged children.
6. 18% of respondents ate only one meal or none the previous day — an improvement from 29% in Q3, but still significant. Food assistance reached only one in three respondents (36%), with sharp gaps between Mexico (58%) and Chile (15%).

Methodology

Q4 2025

12th round of data collection

5 Countries of data collection: Chile, Bolivia, Costa Rica, Guatemala, Honduras, Mexico and Panama.

16 Partners

Qualitative research in

COSTA RICA
COLOMBIA
HONDURAS

The twelve round of data collection under the Mixed Movements Monitoring (MMM) initiative was conducted between 1 October and 31 December 2025. During this period, participating countries faced significant contextual shifts and ongoing funding constraints. Despite these challenges, quantitative data collection was successfully carried out in Panama, Mexico, Costa Rica, Guatemala, Honduras, Bolivia, and Chile, while qualitative data collection took place in Honduras, Costa Rica and Colombia.

As in previous rounds, a mixed-methods approach was used, combining structured individual interviews with qualitative techniques such as focus group discussions, key informant interviews, and direct field observations. Official statistics, secondary sources, and ongoing field-based monitoring further supported the analysis.

Key methodological limitations included restricted access to certain border and transit areas, the need to adapt outreach strategies amid shifting political contexts, and challenges in reaching highly vulnerable individuals—particularly those from outside the Americas who may have faced language or cultural barriers. As such, findings reflect only the experiences of those interviewed and are not statistically representative of the broader population in transit.

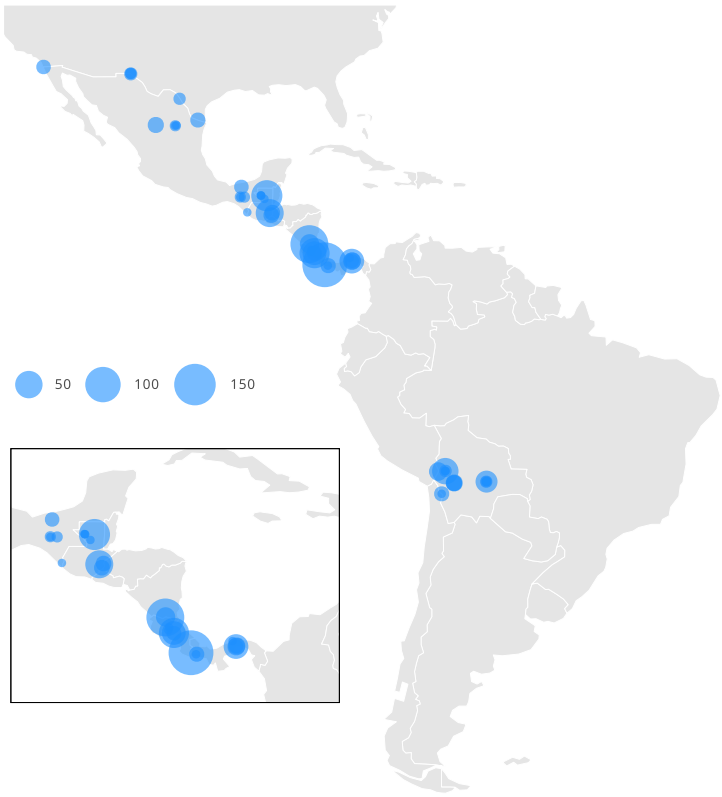
Despite these limitations, the data offers timely insights into the protection environment, evolving risks, limited access to services, food security concerns, and child-specific vulnerabilities affecting displaced and mobile populations across Latin America and the Caribbean.

Data collection locations

In quarter 4, data collection largely took place in transit-related and community locations. Over a quarter of interviews (27%) were conducted at transit points such as bus stations and coastal docks, followed by shelters and dining halls (24%) and open public spaces, including parks and streets (23%). Smaller proportions of interviews were carried out at border crossing points (7%) and multi-service centers (6%).

Notable differences compared to last quarter include: less focus on transit points (down from 45%), and a greater presence in public open spaces (up from 8%).

Distribution of interviews in the Americas
Number of interviews, based on 831 available GPS locations (38.6%)



This map does not reflect a position by UNHCR, WFP or UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Mixed Movements Monitoring results

Context

During the last quarter of 2025, northbound movement toward the United States remained comparatively low, although slightly higher than in the previous quarter. U.S. Customs and Border Protection (CBP) reported 32,661 encounters[1] along the Southwest land border in Q4, reflecting an 11% increase from Q3. Mexican nationals represented 76% of all encounters, continuing to dominate the nationality profile of arrivals.

In Panama, irregular north–south movements continued their downward trend. Authorities registered 3,719 people[2] transiting southward through the Darién during Q4 2025, a 33% decrease from the 5,557 recorded in Q3. This reinforces the sustained but declining pattern of southbound return flows that has characterized 2025. Since January, Panama documented 22,578 southbound transits, 93% of whom were Venezuelan nationals, confirming the consolidation of this flow toward Colombia throughout the year.

By late December 2025, Panama had carried out 2,823 deportations and expulsions[3], largely involving adult men and primarily executed under the bilateral agreement with the United States. The most affected nationalities were Colombian, Ecuadorian, and Indians. Removals relied on a combination of charter and commercial flights, raising the need for a monitoring mechanism, to ensure safeguards during removal procedures.

Mobility dynamics across the Colombia–Panama subregion have become increasingly complex and multidirectional. Among Venezuelan refugees and migrants, circular movements and adaptive strategies are increasingly evident, with some individuals reporting intentions to undertake temporary returns to Venezuela without implying a definitive decision to remain, while others have opted to exit Venezuela and move to Colombia due to deteriorating living conditions and/or risks related to violence. At the same time, patterns increasing displacement to neighboring countries are emerging among populations arriving from Ecuador, forced to leave due to insecurity and violence.

These overlapping trajectories highlight an increasingly heterogeneous human mobility landscape. This complexity places pressure on local response capacities, especially in smaller municipalities with limited resources, and underscores the need for adaptable, protection-sensitive approaches that can address diverse needs across different stages of movement.

Results

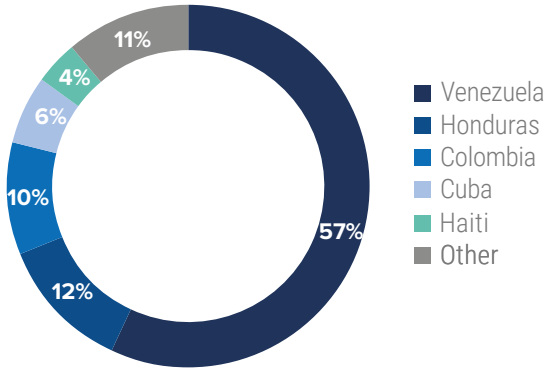
During the fourth quarter of 2025, the Mixed Movements Monitoring (MMM) initiative collected data from individuals of 37 different nationalities across seven countries. Mexico was the country where the greatest diversity of nationalities was recorded, with interviews conducted with individuals from 31 different nationalities. Venezuelan nationals continued to represent the largest group among respondents, accounting for 57% of all interviews. They were followed by Hondurans (12%), Colombians (10%), with smaller proportions reported for nationals of Cuba, Haiti, and other countries.

In terms of regional origin, 70% of respondents came from South America, 17% from Central America, 10% from the Caribbean, and 2% of respondents were extracontinental.

Across all regions, men represent the majority of respondents, especially from Central America and the extracontinental, where they account for 70% and 74%, respectively. Respondents from South America and the Caribbean were more gender-balanced with a slight male predominance (56% and 52%). These trends highlight that mixed movements remain primarily male-led, though female participation remains notable across the region.

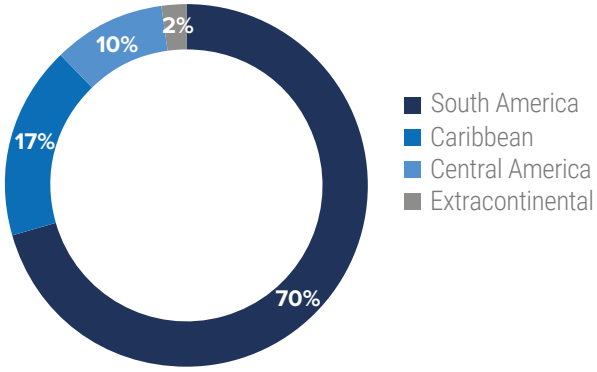
Demographics

Top countries of origin of respondents



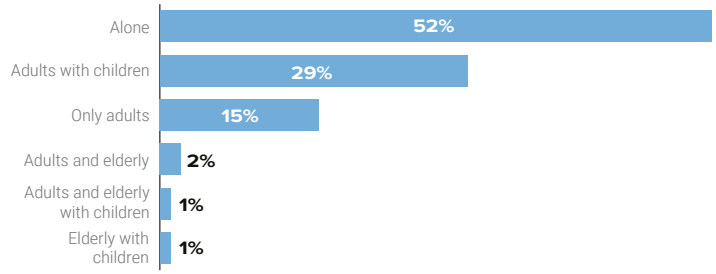
Regions of origin of respondents

(by geographic location)



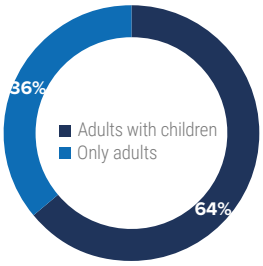
Composition of traveling family group

Who are you travelling with?

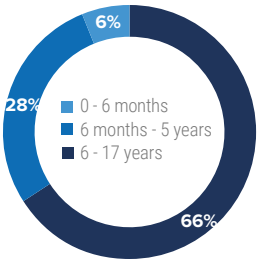


Family composition

Family age



Children in family age



More than half of respondents (52%) were travelling alone, a pattern particularly common among people from Honduras, Cuba, Haiti, and Colombia. Venezuelan respondents showed a slightly different profile: fewer were travelling alone (44%), and a larger share were accompanied by children (38%, a slight increase from the previous quarter's 35%), indicating a greater presence of family groups among them. Family members considered here are those part of the 'nuclear' family (father, mother or partners, with or without children they are caregivers of) or 'extended' family as well (including relatives like grandfather/granmother, uncle/aunt, nephews, cousins, etc.). Children made up a significant portion of these groups—most were school-aged (66% between 5 and 17 years), followed by younger children (28% between 6 months and under 5 years), with only 6% being infants—highlighting the need for education and age-appropriate protection services along the route.

A smaller proportion of families (4%) included at least one older adult over the age of 60, including 13 cases of elderly people travelling with dependent children and three cases of elderly individuals travelling alone—highlighting additional layers of vulnerability within some groups.

Gender patterns in caregiving were also evident and have become even more differentiated since last quarter. Women remained more likely than men to be travelling with children at 75%, increasing 4% since last quarter. This quarter the share of men travelling with children decreased significantly from 46% to 29%, underscoring women's central role as primary caregivers during displacement and the heightened support needs that accompany this responsibility.

When travelling with family, most respondents were travelling with children (64%), while 36% were families composed of adults only. Among those children, the vast majority were between 5 years and 17 years old. Group sizes were larger when children were present, averaging 4 family members, compared to 2 in adult-only groups. Patterns varied by nationality: families with children were most common among respondents from Venezuela (71%), Haiti (57%), Honduras (54%) and other smaller-represented nationalities, while respondents from Colombia and especially Cuba were more often travelling without children (53% and 74% respectively).

Overall, these findings show that families often travel in larger groups and with very young children, suggesting higher support needs along their journey.

Specific needs

17%
of families have at least one member with a medical condition that needs treatment.

7%
of families had at least one member who needs assistance with basic activities.

16%
of families had at least one member who was pregnant, breastfeeding, or both.

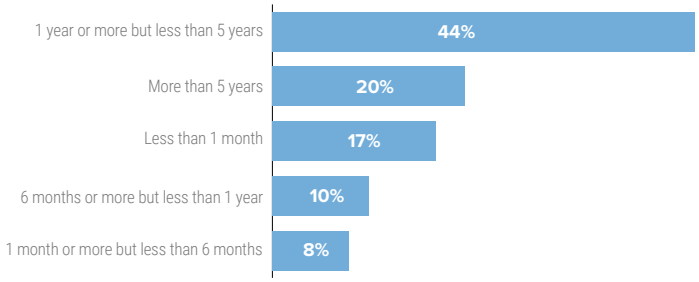
The results indicated that 17% of families reported having at least one member who needs medical treatment, and 7% reported a disability requiring daily assistance. Furthermore, roughly 16% of families include a woman who is pregnant and/or breastfeeding[1].

Forty-two respondents (1%) reported traveling with children who were not accompanied by their parents or primary caregivers. While infrequent, these cases signal heightened protection risks and the need for targeted support. Among those reporting this situation, most commonly they were accompanying one child.

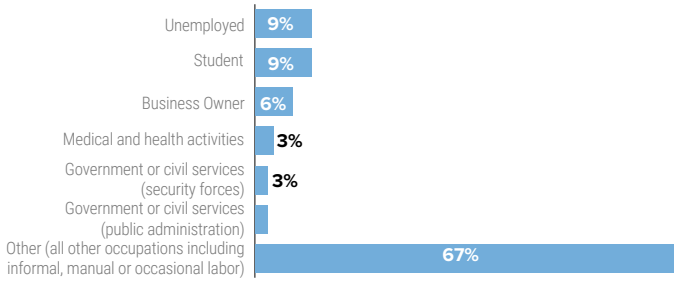
1 The universe of eligible respondents are either women (regardless of travel group composition) or men travelling with adults only, adults and children, adults elderly and children, where there are at least two adults in the family (including the respondent) or at least one child aged 5 to 17 years old.

Country of origin

How long ago did you leave your country of origin?



What was your main occupation before you left your country of origin?



The largest group of respondents (44%) had left their country of origin between one and five years ago, followed by 20% who had departed more than five years ago. Among those who left more recently, 17% had been traveling for less than one month, 10% had left between six months and under one year ago, and 8% had departed between one and six months ago, making up a total of 35% who had left within the past year.

Timelines varied considerably by nationality. Hondurans and Cubans most often reported very recent departures, with 45% and 43% leaving within the last month, respectively. Venezuelan respondents, by contrast, more commonly reported longer-term departures, with many having left their country one to five years ago or earlier—reflecting more protracted mobility patterns and secondary movements.

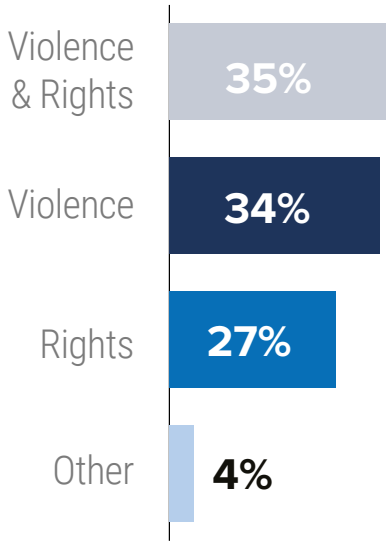
While respondents reported a wide range of occupations and income sources in their countries of origin, certain profiles are commonly associated with heightened protection risks—particularly those linked to public roles, visibility, or political exposure (e.g., civil servants, community leaders, journalists).

Prior to displacement, most individuals worked in informal, manual, or occasional labour (67%), while 9% were students. Among potentially more vulnerable professional groups, 2% worked in government or civil services (public administration), 2% were in security-related government roles, 3% were engaged in medical or health-related professions, and 6% were business owners. These profiles may face increased risks due to extortion, threats, political targeting, or limited ability to secure safe livelihoods prior to departure.

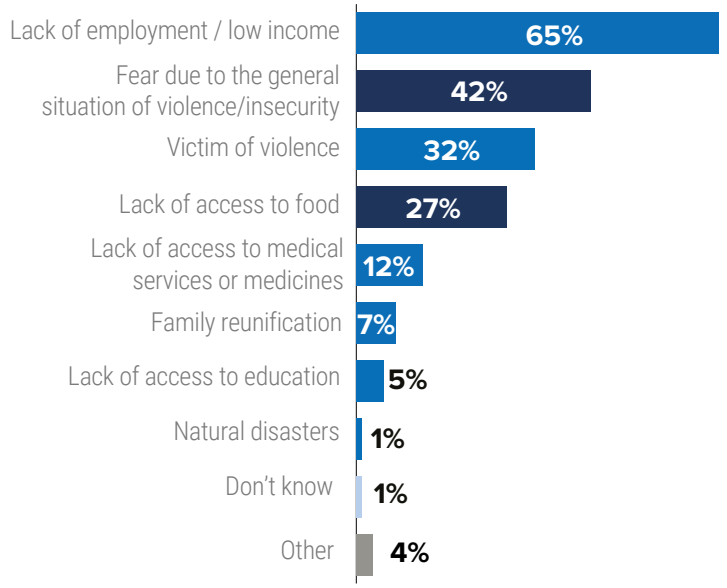
Cuban respondents reported the highest proportion, with 22% indicating involvement in medical and health services, public administration, security forces, or political activism. Venezuelans presented a mix of profiles, including civil servants and security personnel alongside a sizable student population, and a combination of reasons to depart which include both security elements and difficulties to access services and cover basic needs in some cases.

Displacement

Reasons to leave country of origin (groups)



Reasons to leave country of origin (breakdown)



The analysis includes elements of violence, access to rights and services and allows the interviewee to choose a combination of factors to allow for a distinction critical for understanding whether families are fleeing immediate physical danger, structural deprivation, or a compounding mix of both.

At the individual level, lack of employment remained the leading driver (65%), followed by fear of generalized violence (42%, down from 57% in Q3), direct victimization (32%), and lack of food access (27%). Natural disasters appeared as a new discrete category (1%).

Nationality profiles diverged considerably. Venezuelans remained most likely to cite combined violence and rights reasons (43%), while rights-only factors were also prominent (40%). Colombians were predominantly driven by violence (48%), particularly direct victimization (55%). Hondurans showed an even split across all three categories. Cubans shifted markedly toward rights-only reasons (44%, up from ~23% in Q3). Haitians showed the starkest pattern, with 66% citing violence exclusively and 72% reporting fear of generalized violence at the individual level.

Food insecurity as a displacement driver declined overall (34% to 27%), though it remained higher among families with children (32%) and Venezuelans (40%). Gender differences were modest across all drivers. Fear of generalized violence converged between men and women (42% each) for the first time, while women remained slightly more likely to report direct victimization (34% vs. 31%) and lack of access to medical services (16% vs. 10%). The food insecurity gap between genders narrowed considerably, from 10 percentage points in Q3 to just 3 in Q4.

27%

of respondents exclusively cited violence-related factors as motivation for their decision to leave their country of origin. The most frequently cited among these were generalized violence and being a victim of violence.

34%

of respondents reported leaving their country of origin exclusively due to factors associated with limited access to basic rights and services—including challenges related to employment, low income, lack of documentation, and access to food, medical care, and education.

35%

of respondents mentioned both violence and limited access to basic rights and services as reasons to leave their country of origin.

Current stay in Country of Interview

Arrival to country of interview

47%

of respondents reported arriving within the past week.

Departure from country of origin

64%

of respondents left their country of origin more than one year ago.

Intended length of stay

29%

of respondents had the intention to stay for the longer term in the country of interview (more than 5 years or for as long as possible) while 55% of respondents expected to stay for less than 1 year.

Many respondents had only recently arrived in the country of interview, with 47% reporting arrival within the past week — consistent with data collection taking place primarily at transit hubs and border areas.

By country of origin, recent arrivals were most common among Venezuelans (53%) and Hondurans (51%), consistent with their continued presence in active transit corridors. Colombians and Cubans showed similar profiles, with 47% of each having arrived within the past week, though a notable share had also been present for more than six months (33% and 34% respectively). The highest concentrations of very recent arrivals were found in Bolivia, Panama (both 88%), Mexico (77%), and Chile (74%), reflecting their roles as active transit or entry points and also showing methodological approaches more focused on transit points and border areas. In contrast, longer-term stays of more than six months were most prevalent in Guatemala (70%), Costa Rica (52%), and Honduras (51%).

Intended length of stay remained broadly consistent with Q3, with 29% expressing an intention to stay for more than five years or as long as permitted (up slightly from 27%) and 4% anticipating a stay of one to five years. More notably, those planning to stay less than one year fell from 55% to 40%, while undecided respondents increased from 15% to 27%. These shifts suggest that as overall movement volumes continue to decline, those remaining in transit are adopting an increasingly cautious and patient approach before deciding whether to move onward.

Intentions

In Q4 2025, intentions reflect high levels of uncertainty and short-term decision-making. One in three respondents (30%) reported that they did not know yet whether they would stay, move onward or return to their country of origin.

Nearly three in ten respondents (29%) intended to stay in the country of interview, while 24% planned to return to their country of origin and 17% intended to move onward to another country. Compared to Q3 2025, intentions to stay and to move onward remained broadly stable, while return intentions declined noticeably and indecision increased.

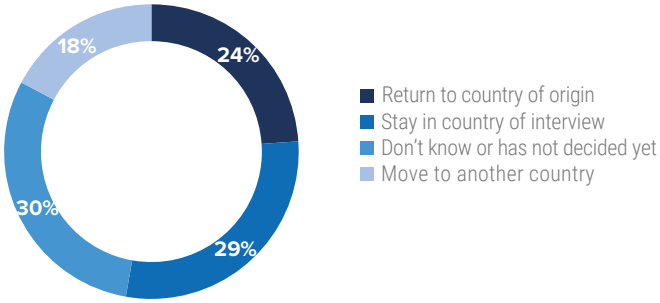
Plans regarding the length of stay further illustrate this uncertainty. Forty percent of respondents reported that they planned to stay in the country of interview for less than one year, while 27% did not know how long they would stay. In contrast, 29% planned to stay for more than five years or for as long as permitted, indicating that short-term or uncertain stays coexist with aspirations for longer-term stability. Very few respondents (4%) planned to stay for an intermediate period of one to five years.

Among respondents who did not intend to stay long term, more than half (55%) reported that they planned to return to their country of origin after their stay, while 40% intended to move onward to another country. Return intentions were particularly common among those planning to stay for less than one year, although onward movement remained a significant option.

Intentions varied by country of origin. Haitians (67%), Cubans (44%) and Colombians (41%) were more likely to report plans to remain in the country of interview, while Venezuelans were more likely to report intentions to return to their country of origin (35%). Hondurans and Colombians showed more mixed patterns, with high levels of indecision and moderate onward movement intentions.

Differences were also observed by country of interview. Intentions to stay were highest in Mexico (52%), Chile (49%) and Costa Rica (41%), while Panama stood out for its very high share of respondents intending to return to their country of origin (76%), reflecting its role as a key transit location. Bolivia recorded the highest proportion of onward movement intentions (78%), while Guatemala showed particularly high levels of indecision (56%).

Intention to stay, move or return

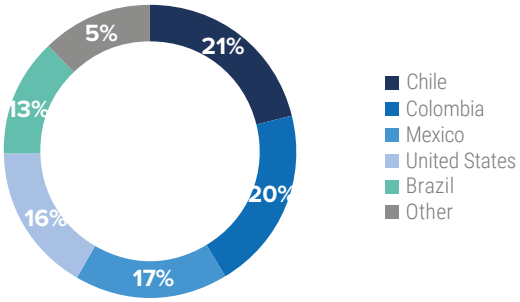


75%

of respondents have **changed** their intended country of destination since starting their journey

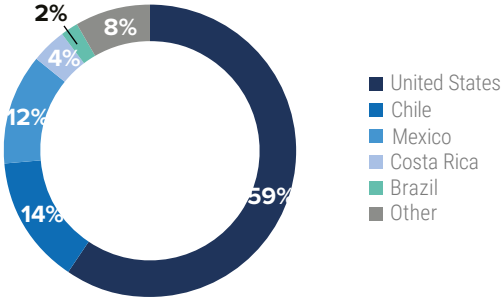
Current intented destination

(respondents planning to move to another country)



Original intended destination

(all respondents)



Among those intending to move to another country, destinations were mainly within the region. Chile (21%) and Colombia (20%) were the most frequently reported current destinations, followed by Mexico (17%), the United States (16%) and Brazil (13%). This differs with respondents' overall original plans across the full sample (i.e. not restricted to those intending to move to another country) which were largely oriented toward the United States (59%) . Three in four respondents (75%) currently planning to move to another country reported having changed their intended destination at least once since leaving their country of origin.

Taken together, intentions in Q4 2025 point to prolonged transit and constrained choice rather than clearly defined mobility pathways. While some respondents aim for longer-term stay, many remain uncertain or plan only short-term stays, adjusting their decisions as conditions, opportunities and risks evolve along the route.

Asylum and Protection

Protection Incidents

61%

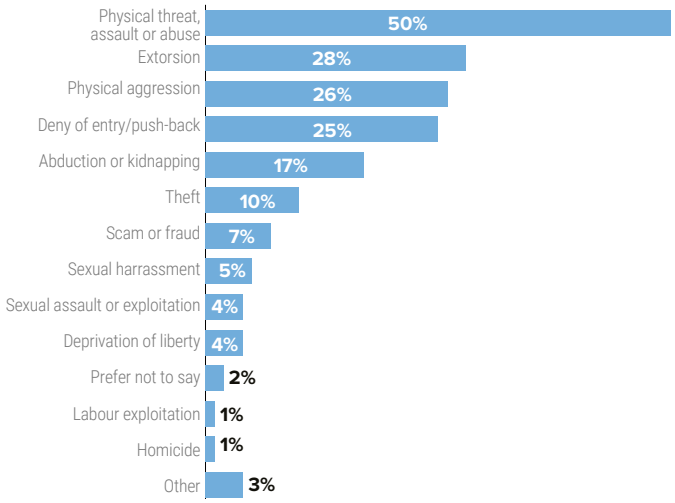
of the people interviewed reported a protection incident or threat along the route.

68%

of respondents traveling with family reported a protection incident or threat when accompanied by children, more likely than those traveling without children (58%).

This difference has narrowed substantially, retracting from 17% to just 4% since the last quarter.

Protection incidents along the route



More than half of respondents (61%) reported at least one protection incident along their journey, virtually unchanged from Q3 (60%). The composition of incidents shifted notably, however: threats and intimidation rose to 50% (up from 43%), while extortion (28%), denial of entry (25%), and physical aggression (26%) all declined compared to Q3. Kidnapping or abduction was reported by 17% of respondents. Serious forms of violence were also recorded, including sexual harassment (5%), sexual assault (4%), and labour exploitation (1%).

Families travelling with children faced higher exposure to kidnapping or abduction (22% vs. 15% among adults-only groups), while adults travelling alone were more affected by extortion, physical aggression, and denial of entry.

Across genders, threats and intimidation converged for the first time (50% each), while women remained disproportionately affected by sexual harassment (9% vs. 3%) and sexual assault (6% vs. 3%). Men reported higher rates of extortion (32% vs. 23%) and physical aggression (28% vs. 23%).

By nationality, Venezuelans reported the highest overall incident rate (74%), most frequently citing threats (55%), denial of entry (29%), and extortion (27%). Colombians reported the highest rates of threats (57%) and sexual assault (11%) of any nationality. Hondurans showed sharp increases in extortion (47%, up from 16% in Q3) and physical aggression (42%). Haitians shifted toward theft (35%) and deprivation of liberty (13%) as their primary risks, while Cubans saw an increase in overall incidents (25%, up from 17%) driven by threats and extortion.

By country of interview, most incidents relating to denial of entry were reported in Panama, reaching to 84%. Bolivia and Guatemala continued to record high levels of incidents linked to threats and intimidation (64% and 59% respectively) most likely linked to risks of trafficking. Theft (66%) and scam or fraud (45%) were mostly reported in Mexico. Severe incidents including sexual violence and labour exploitation were reported across all countries.

Access to Legal Assistance

3 in 5 of respondents needed legal assistance or representation during their journey but only **42%** of those needing legal assistance or representation were able to access it

In Q4 2025, 58% of respondents reported needing legal assistance or representation during their journey, broadly consistent with Q3 (60%). Among those who needed it, only 42% were able to obtain it, leaving over half of the population interviewed without access to a core protection service in an increasingly hostile environment for refugees and migrants.

Legal assistance needs varied considerably by country of interview. Mexico recorded the highest proportion of respondents needing legal aid (91%), followed by Chile (80%) and Bolivia (68%).

Access among those who needed it showed the starkest contrasts. Mexico saw a significant improvement (61%, up from 37% in Q3), and Chile and Honduras also recorded relatively high access rates (68% and 61% respectively). In contrast, three countries showed critically low or sharply declining access rates, namely Guatemala which sharply decreased from 87% in Q3 to 9%, Costa Rica dropped from 51% to 21%, and Panama — already critically low — fell further to just 2%, essentially providing no legal assistance to those who needed it despite remaining a key transit and enforcement corridor.

By nationality, Haitians continued to report the highest legal assistance needs (92%), unchanged from Q3, followed by Colombians (62%), Venezuelans (60%), and Cubans (51%). The most notable shift was among Cubans, whose reported need declined from 75% in Q3 to 51%, possibly reflecting changing profiles and settlement intentions among this group. Hondurans reported the lowest need (32%, down from 41%).

Among those who needed legal assistance, Haitians had the highest access rate (63%), followed by Cubans (59%), Colombians (47%), Hondurans (39%), and Venezuelans (34%). Despite representing the largest group in the sample and reporting significant legal needs, Venezuelans had the lowest access rate of any nationality — underscoring the scale of the unmet legal protection gap for this population.

Access to Asylum

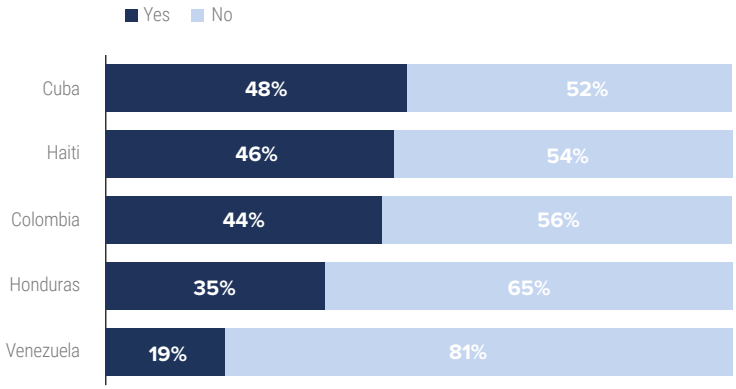
28%

of respondents have applied for asylum.

78%

of respondents would consider applying for asylum in the country of interview.

Have applied for asylum by country of origin



Overall rates on access to asylum remained virtually unchanged at 28% in Q4 (up from 27% in Q3). Recognition rates of those interviewed rose from 14% to 17%, pending cases declined from 61% to 57%, and rejections edged up from 9% to 11%. Mexico remained the top destination for applications (41%), followed by Costa Rica (29%), with Honduras and Chile emerging as new destinations.

By nationality, Haitians recorded the sharpest increase in applications (46% to 70%) and the highest recognition rate (66%), while Colombians faced the most difficult picture with 82% of cases still pending.

Among respondents who had not yet applied, willingness to seek asylum decreased from 78% in Q3 to 51% in Q4, a trend that was consistent across all nationalities surveyed. The reasons people gave for not applying also shifted: while "hope to return home" had been the leading barrier in Q3 (33%), preference for other regularization routes became the top reason in Q4 (25%), suggesting increasing obstacles on accessing territory and asylum procedures, the perception that the system does not provide meaningful access to services and rights in some of the countries covered but also a decrease on onward movement and a desire to seek pathways for legal stay in previous countries of transit. Haitians faced the most structural barriers, with high rates of both lack of information (28%) and lack of legal help (21%).

Only 8% of respondents held legal status in another country, unchanged from Q3, with Venezuelans the most represented group (12%), mostly holding temporary permits — underscoring that formal status does not always translate into durable protection.

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Access to Food

Food access improved in Q4 compared to Q3 2025. In Q4, 83% of respondents reported eating two or more meals the previous day (41% two meals; 42% three or more), up from 71% in Q3. At the same time, the share reporting one meal or none dropped from 29% in Q3 to 18% in Q4, driven mainly by a decline in respondents eating only one meal (26% → 16%). While a minority still faces restricted intake, the shift toward two or more meals suggests better short-term food access in the latest period, though continued monitoring is warranted to confirm whether the improvement is sustained.

Food insecurity remains closely associated with exposure to protection incidents in Q4 2025. Among respondents who reported experiencing protection incidents, 21% were food insecure, compared to 13% among those who did not report such incidents, confirming a clear disparity in food access linked to protection risks. While the majority in both groups reported no food insecurity, individuals exposed to protection incidents were significantly more likely to face constrained food access, underscoring the compounding effect of insecurity on basic needs.

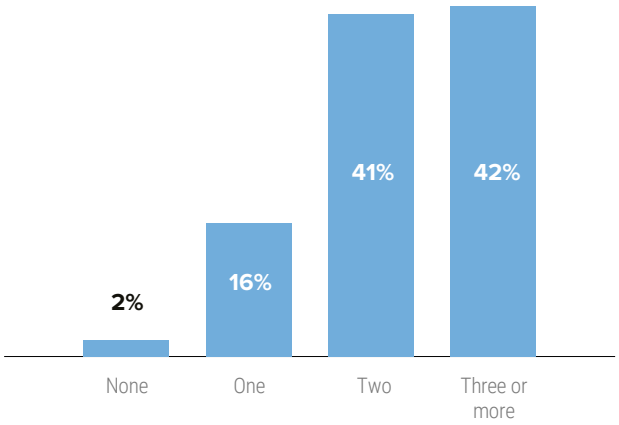
Compared to Q3 2025, the strength of this relationship has eased but remains pronounced. In Q3, food insecurity affected 35% of those exposed to protection incidents, versus 21% among those not exposed, indicating a wider gap than observed in Q4. The reduction in food insecurity shares in Q4 suggests an overall improvement in food access, consistent with gains observed in meal frequency between the two quarters. However, the persistent differential between those exposed and not exposed to protection incidents highlights that protection risks continue to be a key driver of food insecurity, even as aggregate conditions improve.

In Q4 2025, access to food support during transit appears meaningful but far from universal. Overall, 36% of respondents reported receiving food assistance for at least one meal (e.g. shelters, soup kitchens, NGOs), while 63% reported receiving no assistance (1% preferred not to answer). This suggests that most people continue to rely on self-coping or informal mechanisms, with humanitarian food support reaching only about one in three respondents.

18%

of respondents reported having only one or no meal the day before the interview.

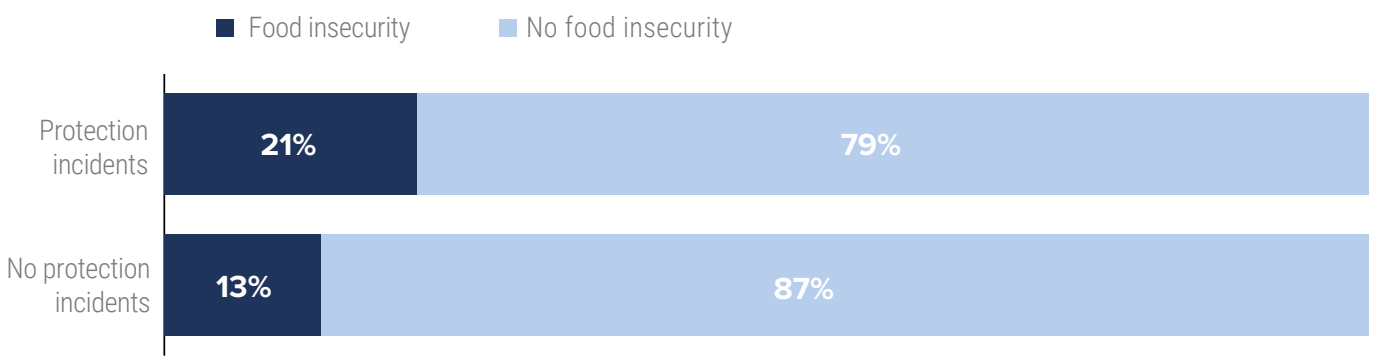
How many meals did you eat yesterday?



Coverage varies markedly by country of interview, pointing to uneven availability and/or access to services along different routes. Receipt of food assistance is highest in Mexico (58%), followed by Honduras (45%) and Panama (41%), while it is notably lower in Costa Rica (34%), Bolivia (29%), Guatemala (24%), and especially Chile (15%). This geographic pattern suggests that assistance is more present or accessible in some major transit contexts, while gaps persist elsewhere.

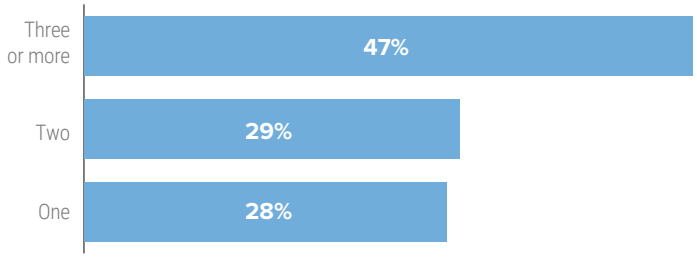
Importantly, assistance appears better aligned with higher need, but still incomplete. Among respondents who reported eating three or more meals, nearly half (47%) received assistance; by contrast, among those who ate one meal, only 28% received assistance (and 29% among those who ate two meals). In other words, those with fewer meals are still less likely to have received food assistance, indicating that support does not consistently reach the most food-constrained individuals.

Food security by victim/witness of protection incident



36% of respondents reported receiving food assistance via humanitarian support

How many meals were received through food assistance from shelters, soup kitchens, NGOs, or others?



Finally, the interview-location breakdown suggests that where people are reached matters for observed food access. Meal patterns with three or more meals are most prominent among interviews conducted in shelters/dining halls, while interviews in open spaces or transit points are more closely associated with one or two meals, reflecting the role of service availability and infrastructure in shaping food outcomes.

Food coping strategies remain widespread, with a significant share of respondents resorting to severe measures. At the individual level, only 30% reported having no difficulties eating enough food in the past week. The remaining majority adopted some form of coping strategy, most commonly shifting to less expensive and less preferred foods (31%), followed by skipping meals or eating less than needed (19%). More severe behaviors are also prevalent: 13% reported restricting adult consumption so children could eat, and 8% reported going an entire day without food, underscoring persistent stress on household food access.

When aggregated, these behaviors show that 40% of respondents are engaging in severe food coping strategies, while 60% rely on non-severe strategies, indicating that food insecurity is not only widespread but also intense for a substantial proportion of the population. Consistently, 70% of respondents reported facing some form of food restriction during the past week, reinforcing that reduced food access has become a normalized coping mechanism rather than an isolated shock.

Disparities are evident across population groups. By country of origin, severe coping is particularly pronounced among Venezuelans, Colombians and Haitians, while lower—but still significant—levels are observed among respondents from Honduras and Cuba. By country of interview, the prevalence of severe coping varies sharply, with higher shares recorded in Bolivia, Costa Rica and Honduras, compared to lower levels in Chile and Mexico, reflecting uneven access to livelihoods, assistance and services along migration routes.

Household composition further shapes vulnerability. Families with young children—especially those with children under 5—are more likely to adopt severe coping strategies, while households composed only of adults also show high reliance on negative strategies, highlighting that both caregiving pressures and limited earning capacity increase exposure to food insecurity.

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1 in 3 of respondents resort to severe food coping strategies.

46% of respondents with children under 6 months resort to severe strategies.

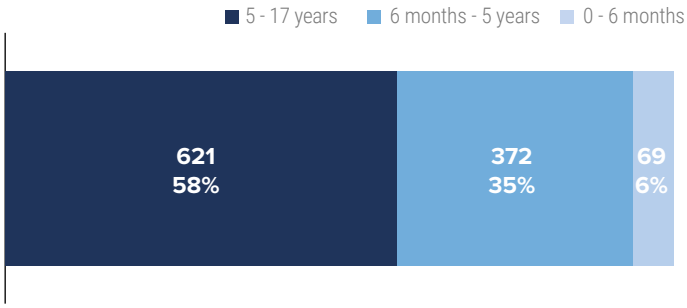
Exposure to protection incidents strongly exacerbates food insecurity. Among respondents who reported experiencing protection incidents, nearly half (49%) resorted to severe food coping strategies, compared to 23% among those who did not report such incidents. Conversely, respondents without exposure to protection incidents were far more likely to rely on non-severe strategies (77%) than those who had experienced incidents (51%). This stark contrast highlights a clear and reinforcing link between protection risks and the severity of food insecurity, where insecurity, violence or abuse directly undermine households' ability to maintain adequate food consumption.

Child Well-being

In line with standard survey protocols, child-specific questions were administered only to respondents who identified as the primary caregiver (e.g. mother, father, or legal guardian) of children travelling with them. Where more than one child was present within a given age group, one child was randomly selected, and the primary caregiver responded on behalf of that child.

This figure summarizes the number of children (i.e. one per age group) for whom child-specific information was collected, as reported by caregivers.

Number of children reported by age



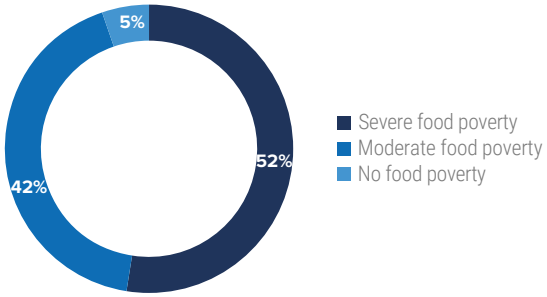
Infant and young child feeding

This section covers the results of nutrition in early childhood, specifically children under 5 years of age.

1 out of 2

caregivers reported that infants under 6 months of age are exclusively breastfed.

52% of caregivers reported that children between 6 months and 5 years of age live in severe food poverty (N=371).



Breastmilk is the only recommended source of nutrition for **infants under 6 months of age**[2]. Therefore, exclusive breastfeeding is used as the primary child nutrition indicator for this age group. Forty-six percent of caregivers (32 out of 69) reported exclusive breastfeeding of infants under 6 months of age the day before the interview. Moreover, 12% of caregivers (8 out of 69) reported difficulties from the mother in breastfeeding the infant.

For **children between 6 months and under 5 years of age**, the nutrition indicator used in this report is called “child food poverty" which quantifies the dietary diversity in terms of groups consumed the day before[3]. Child food poverty harms all children, but it is particularly damaging in early childhood when insufficient dietary intake of essential nutrients can cause the greatest harm to child survival, physical growth, and cognitive development, trapping children and their families in a cycle of poverty and deprivation. According to this quarter's data, 52% of caregivers (194 out of 371) reported children living in severe child food poverty (i.e. consumed foods from two or less food groups out of eight) and 42% (157 out of 371) in moderate child food poverty (i.e. consumed foods from three or four food groups), while only 5% (20 out of 371) met the minimum dietary diversity standard (i.e. consumed foods from five or more food groups)[4]. These findings remain significantly higher than regional estimates from UNICEF[5], which indicate that 9% of children under five live in severe food poverty and 28% in moderate food poverty across Latin America and the Caribbean.

In previous quarter, a new group was introduced to account for the consumption of processed foods or liquids[6]. Forty-eight percent of caregivers (179 out of 371) reported that children eat processed foods or liquids the day before. Among these, 18% of caregivers (32 out of 179) reported that items were consumed by children only from this group.

2 Infants under 6 months who are not exclusively breastfed are highly vulnerable to diseases and infections, including diarrhea. Thus, they can easily become dehydrated and malnourished, as they may receive food or liquids that do not fulfill the nutrient needs nor come from a safe source, potentially facing a real risk of death. This is especially relevant in transit, where there may be no clean water for infant formula preparation, feeding and cleaning feeding utensils (e.g. baby bottles).

3 The child food poverty indicator uses the number of food items belonging to different food groups consumed by a child the previous day to assess if dietary diversity is sufficient. Children in this age group need to consume food from at least five out of the eight identified food groups for a “minimum dietary diversity”. Children who consume food from less food groups are considered in child food poverty of two levels: moderate if they consume food from three or four food groups, or severe if they consume foods from two or less food groups.

4 In the analysis we excluded the “Don’t know” option (1 respondent).

5 Child Food Poverty. Nutrition Deprivation in Early Childhood. Child Nutrition Report, 2024. UNICEF, New York, June 2024. Available online at https://data.unicef.org/resources/child-food-poverty-report-2024/.

6 This group includes, for example, fried or salty foods (donuts, fried donuts, fried bread, sandwiches, burgers, fast food, noodles/instant pasta), sweet foods (chocolate, cake, biscuits, snacks, sweets) and sweet drinks (fruit juices, sparking colas, chocolate drinks, energy drinks, sweet tea, sweet coffee).

Looking at nutrition-related needs of **infants under 6 months of age** in the last 15 days, 35% of caregivers (24 out of 69) reported access to infant formula or food, 12% (8 out of 69) evaluation of nutritional status through weight and height measurements, 10% (7 out of 69) mentioned advice to the mother on infant's breastfeeding.

Among the nutrition-related humanitarian aid received by infants in the last 15 days, 42% of caregivers (14 out of 33) reported evaluation of nutritional status through weight and height measurements, 36% (12 out of 33) reported that the mother received advice on infant's breastfeeding, and 9% (3 out of 33) reported guidance in case of malnutrition.

For **children between 6 months and under 5 years of age**, among food and nutrition-related needs in the last 15 days, 53% of caregivers (196 out of 372) reported access to food, 27% (100 out of 372) nutritional supplements, 6% (24 out of 372) evaluation of nutritional status through weight, height and arm width measurements, and 4% (15 out of 372) support to the mother on child's breastfeeding or recommendations on child's nutrition and feeding.

Among food and nutrition-related humanitarian aid received by children in the last 15 days, 59% of caregivers (120 out 204) reported food access, 16% (32 out of 204) evaluation of nutritional status through weight, height and arm width measurements, 14% (28 out of 204) delivery of nutritional supplements, 6% (13 out of 204) treatment against intestinal worms or parasites, and 6% (12 out of 204) guidance in case of malnutrition.

The comparison of food and nutrition needs with humanitarian assistance received over the past 15 days indicates that the most frequently unmet needs are access to nutritional supplements (88%, 88 unmet out of 100) and assessment of nutritional status through weight, height, and arm width measurements (79%, 19 unmet out of 24). In contrast, access to food is consistent with other needs that are relatively well met (61%, i.e. 119 unmet out of 196).

Child health and vaccination

51% caregivers reported that infants under 6 months of age received two or more vaccine doses.

52% of caregivers reported that children aged 6 months to 5 years received two or more vaccine doses.

Since the previous quarter, the question regarding vaccination status was updated to better capture the number of vaccine doses received. Information about the number of vaccine doses is gathered through a direct question, without checking the vaccination card.

For **infants under 6 months of age**, 51% of caregivers (35 out of 69) reported that their infants have received two or more vaccine doses (no matter of which vaccines) and 42% (29 out of 69) have received one vaccine dose according to their age, while only 7% (5 out of 69) have not received any vaccine.

For **children between 6 months and under 5 years of age**, 62% of caregivers (230 out of 369) reported that their children have received two or more vaccine doses (no matter of which vaccines) and 32% (120 out of 369) have received one vaccine dose according to their age, while only 5% (19 out of 369) have not received any vaccine[7].

For **infants under 6 months of age** in the last 15 days, among health-related needs in the last 15 days, 39% of caregivers (27 out of 69) reported medical attention or medication and 25% of caregivers (17 out of 69) vaccination services.

Among health-related humanitarian aid received in the last 15 days, 55% of caregivers (18 out of 33) reported medical attention or medication, while 42% of caregivers (14 out of 33) vaccination services.

For **children between 6 months and under 5 years of age**, among health-related needs in the last 15 days, 31% of caregivers (114 out of 372) reported medical attention or medication and 9% (32 out of 372) vaccination services.

Among health-related humanitarian aid received by children in the last 15 days, 34% of caregivers (70 out 204) reported medical attention or medication and 10% (20 out of 204) vaccination services.

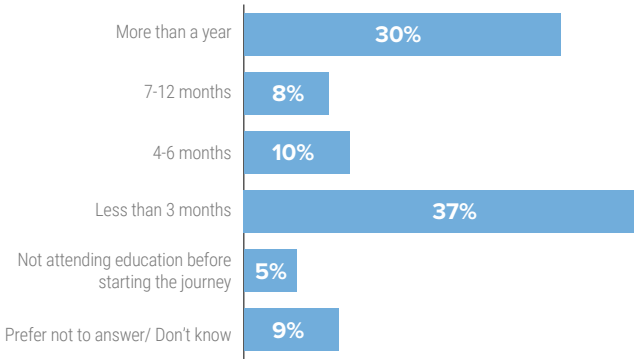
The comparison of health needs with humanitarian assistance received over the past 15 days indicates that the most frequently unmet need is access to vaccination services (91%, 29 unmet out of 32), while medical attention or medication is relatively well met (60%, i.e. 68 unmet out of 114).

7 "Do not know" (3 responses) were excluded from the analysis.

Child education

30%

of caregivers reported that children and adolescents between 6 and 17 years of age were not attending school for more than one year (N=583).



Since the previous quarter, a single question about how long the child or adolescent has not attended a formal education institution (in person or virtual) was asked to caregivers about children and adolescents between 5 and under 18 years of age[8].

Thirty percent of caregivers (176 out of 583) reported that children and adolescents between 6 and under 18 years of age had attended formal education more than one year ago, 8% (49 out of 583) had last attended between 7 months and 1 year ago, 10% (58 out of 583) between 4 and 6 months ago, and 37% (218 out of 583) less than 3 months ago. Instead, 5% of caregivers (31 out of 583) reported that children and adolescents were not attending formal education before starting the journey.

Among education-related needs of children and adolescents between 6 and under 18 years of age in the last 15 days, 29% of caregivers (167 out of 583) reported access to educational temporary spaces and non-formal learning, and 12% (69 out of 583) reported delivery of educational materials for the rest of the journey.

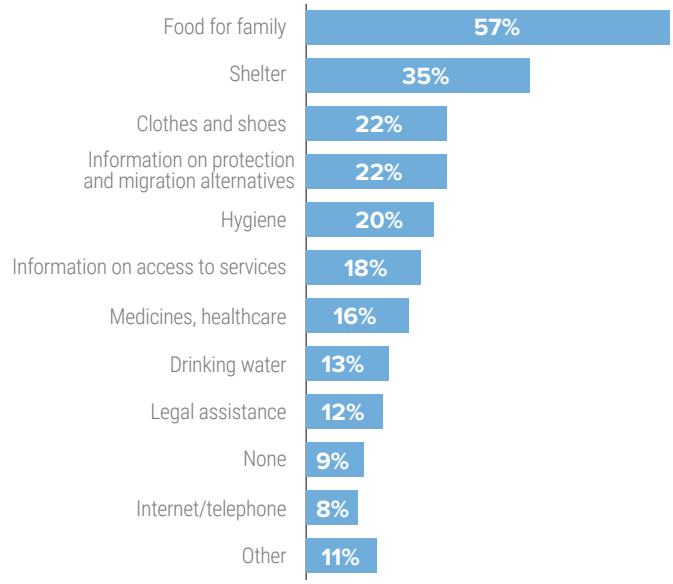
Regarding education-related humanitarian aid received in the last 15 days, 13% of caregivers (40 out of 316) reported the delivery of educational materials for the rest of the journey, and 11% of caregivers (36 out of 316) reported accessing educational temporary spaces and non-formal learning.

The comparison of education needs with humanitarian assistance received over the past 15 days indicates that both needs were frequently unmet, namely access to educational temporary spaces and non-formal learning (95%, 158 unmet out of 167) and delivery of didactic or educational materials for the rest of the journey (86%, 59 unmet out of 69).

8 This question is asked about children between 5 and under 18 years of age, which is unconventional for education since it usually starts from 6 years of age. However, we avoided to create a custom age group starting at 6 years for this question only. Instead, we provided the response option "Not applicable" if the child is 5 years old. In the analysis, we excluded that response so that the indicator covers only children and adolescents older than 6 years (N=583). Note that the original number of caregivers with children and adolescents older than 5 years is 621.

Main needs

Main needs (current top 3)



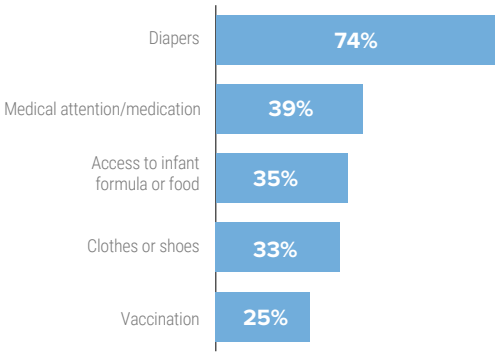
57% of people interviewed reported access to food for their families as their main need to continue their journey.

Compared to last quarter, in this quarter information on asylum procedures, protection and/or migratory alternatives increased from 14% to 22% and joined in the top five most reported needs. Shelter remained steady reported at 35%, and the need for clothes and shoes was reduced from 31% to 22%. Hygiene also decreased from 28% to 20% to round the top five most frequently cited needs.

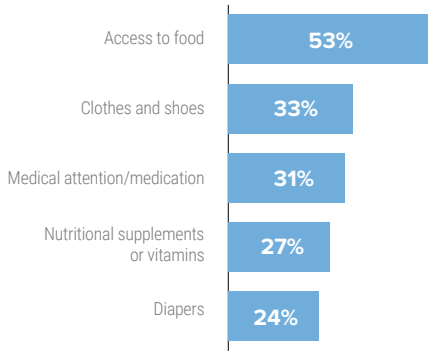
While basic needs remain pressing on the route, respondents are now paying closer attention to protection opportunities and migratory alternatives.

Main needs of children

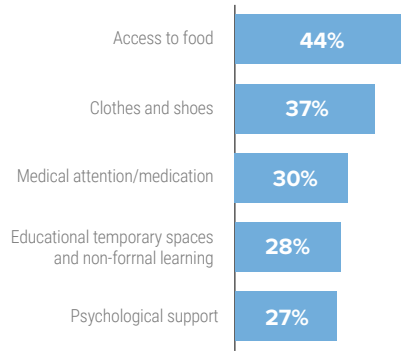
Main needs of infants under 6 months of age (N=69), top 5



Main needs of children aged 6 months to under 5 years (N=371), top 5



Main needs of children and adolescents aged 5 to under 18 years (N=621), top 5



Since the previous quarter, questions about up to three main needs of children in the last 15 days were collected for each age group, namely infants under 6 months, children between 6 months and under 5 years of age, and children and adolescents between 5 and under 18 years[9].

For **infants under 6 months of age,** the most frequent needs reported by caregivers are diapers (74%, 51 out of 69), medical attention or medication (39%, 27 out of 69), access to infant formula or food (35%, 24 out of 69), clothes and shoes (33%, 23 out of 69), and access to vaccination services (25%, 17 out of 69).

For **children between 6 months and under 5 years of age,** the most frequent needs reported by caregivers are access to food (53%, 196 out of 372), clothes and shoes (33%, 121 out of 372), medical attention or medication (31%, 114 out of 372), nutritional supplements (27%, 100 out of 372), and diapers (24%, 90 out of 372).

For **children or adolescents between 5 and under 18 years of age**, the most frequent needs reported by caregivers are access to food (44%, 276 out of 621), clothes and shoes (37%, 230 out of 621), medical attention or medication (30%, 186 out of 621), access to educational temporary spaces and non-formal learning (28%, 175 out of 621), and psychological support (27%, 169 out of 621).

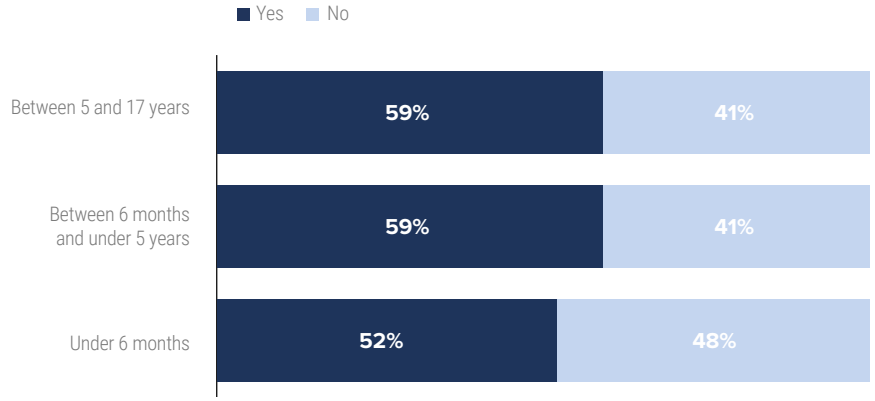
9 Before the third quarter of 2025, the question on child needs was asked about one infant under 6 months of age and one child or adolescent between 6 months and under 18 years of age, the latter considered all together as a single age group. Starting from the third quarter of 2025, the latter age group was split into two age groups, namely children between 6 months and under 5 years of age, and children and adolescents between 5 and under 18 years of age. This adaptation was introduced to align with the child age groups of other questions and to capture the needs of these two age groups separately. In particular, these separate age groups of main needs allow to calculate met versus unmet needs by combining them with humanitarian aid services received for every child age group.

Humanitarian assistance received by children

52%-59%

of caregivers across child age groups reported their children received humanitarian aid.

Humanitarian assistance received by children and adolescents in the last 15 days, by age group (N=984)



Since the previous quarter, questions about humanitarian aid received by children in the last 15 days were collected for each age group, namely infants under 6 months, children between 6 months and under 5 years, and children or adolescents between 5 and under 18 years[10].

For **infants under 6 months of age**, only half of the caregivers (52%, 33 out of 63) reported having received humanitarian aid. For **children aged 6 months to under 5 years**, and **5 to under 18 years**, the percentage of caregivers who reported that the children have received humanitarian aid is the same, 59% (204 out of 348, and 338 out of 573 respectively).

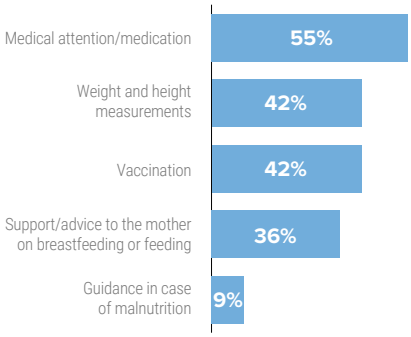
In the following breakdown of humanitarian aid received, the percentage is calculated over those who reported that have received any aid.

For **infants under 6 months of age**, the types of humanitarian aid received most frequently received, as reported by caregivers, were medical attention or medication (55%, 18 out of 33), evaluation of nutritional status through weight and height measurements (42%, 14 out of 33), vaccination services (42%,14 out of 33), advice and support to mother on infant's breastfeeding (36%, 12 out of 33) and guidance in case of malnutrition (9%, 3 out of 33).

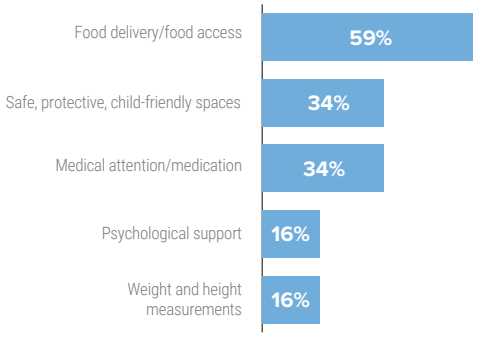
For **children between 6 months and under 5 years of age**, the types of humanitarian assistance most frequently received, as reported by caregivers, were access to food (59%, 120 out of 204), access to safe, protective and child-friendly spaces (34%, 70 out of 204), medical attention or medication (34%, 70 out of 204), psychological support (16%, 33 out of 204), and evaluation of nutritional status through weight, height and arm width measurements (16%, 32 out of 204).

For **children between 5 and under 18 years of age**, the types of humanitarian assistance most frequently received, as reported by caregivers, were access to food (60%, 204 out of 338), medical attention or medication (38%, 128 out of 338), access to safe, protective and child-friendly spaces (34%, 114 out of 338), psychological support (21%, 71 out of 338), and vaccination services (14%, 49 out of 338).

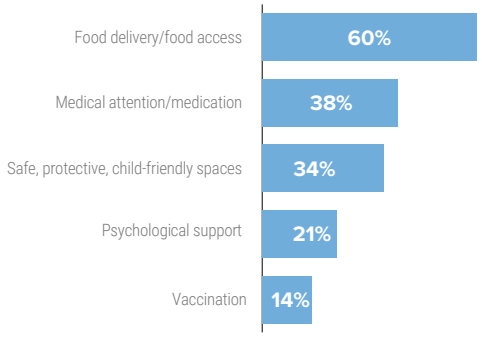
Type of assistance received by infants under 6 months of age (N=33), top 5



Type of assistance received by children between 6 months and under 5 years of age (N=204), top 5



Type of assistance received by children and adolescents between 5 and under 18 years of age (N=338), top 5



10 Since previous quarter, the age group of children and adolescents between 5 and under 18 years of age was also covered by the question on humanitarian aid received, similarly to main needs. The question on humanitarian aid received was asked only to respondents that expressed any need of the child in the corresponding age group.

Unmet needs

Since the previous quarter, the correspondence between needs and humanitarian assistance received by children in different age groups was refined to allow for the estimation of met and unmet needs[11].

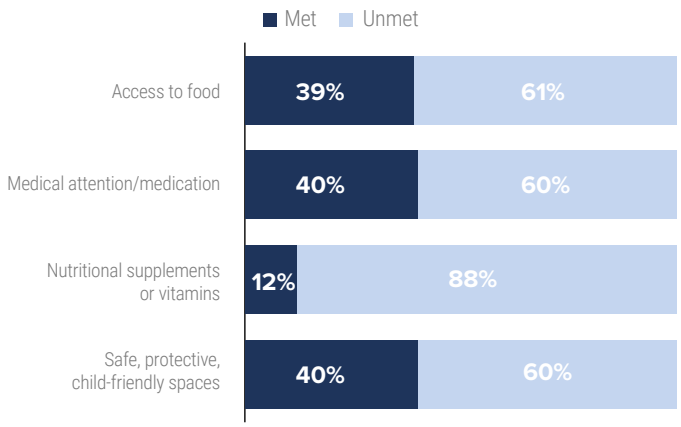
For **children between 6 months and under 5 years of age**, the unmet needs most frequently reported by caregivers were access to vaccination services (90%, 29 unmet out of 32) and nutritional supplements (88%, 88 unmet out of 100), followed by educational temporary spaces and non-formal learning (84%, 65 unmet out of 77).

In contrast, relatively well met needs are psychological support (55%, 22 unmet out of 40), access to safe, protective and child-friendly spaces (60%, 48 unmet out of 80), medication attention or medication (60%, 68 unmet out of 114), and access to food (61%, 119 unmet out of 196).

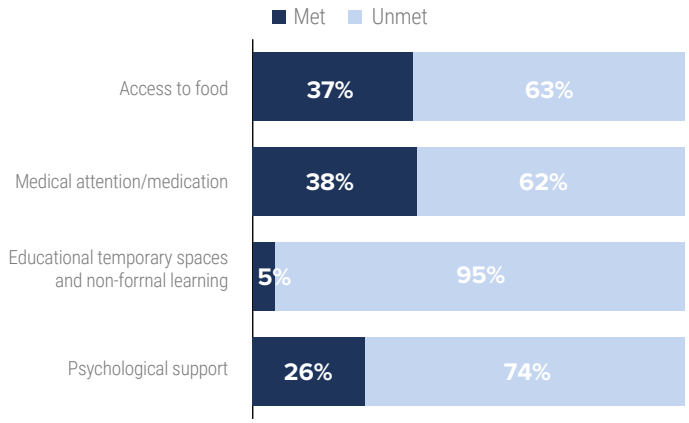
For **children between 5 and under 18 years of age**, the unmet needs most frequently reported by caregivers were access to educational temporary spaces and non-formal learning (95%, 166 unmet out of 175) and access to nutritional supplements (93%, 115 unmet out of 124), followed by delivery of didactic or educational material for the rest of the journey (86%, 59 unmet out of 69) and psychological support (74%, 125 unmet out of 169).

In contrast, relatively well met needs are access to safe, protective and child-friendly spaces (55%, 65 unmet out of 118), medication attention or medication (62%, 115 unmet out of 186), and access to food (63%, 174 unmet out of 276).

Needs of children between 6 months and under 5 years of age



Needs of children and adolescents between 5 and under 18 years of age



11 The denominator corresponds to the number of respondents who selected a specific need. The numerator counts those who reported receiving the aid corresponding to the need as "Yes", while "No" those who did not. It is important to stress the limitations of this assessment, because respondents may not recall all needs or services received in the past 15 days. Additionally, needs that have already been satisfied due to the receipt of corresponding aid may be less likely to be recalled, as they may no longer be relevant or current. Lastly, we inquire about a maximum of three needs. As a consequence of all these reasons, the list of needs and aid is not considered complete, and results should be interpreted with caution. Note that not every need has a corresponding aid, and vice versa. As such, the following needs and aid types, which lacked a direct match, were excluded from the analysis, even if selected by respondents. Needs: access to infant formula or food, diapers, clothes and shoes, other. Types of aid: guidance in case of malnutrition, treatment against intestinal worms or parasites, other. The graph for infants under 6 months of age is not shown due to small sample size.

In collaboration with: