

# Safe Spaces for People with Specific Needs: Sanctuary Clinic Program

## “Towards a global compact on refugees”

Thematic Discussion two: Measures to be taken  
at the onset of a large movement of refugees  
October 17th, 2017  
UN Palace, Ginebra



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**Mexico City is a sanctuary city and the protection of the migrants and refugees' health that live with HIV constitutes a human rights imperative, of no discrimination, as well as an essential measure for the control of an epidemic that does not recognize territorial boundaries or border walls.**



Alfonso Rodríguez Ogaz. <https://www.flickr.com/photos/69781981@N00>



# Context



## Mexico City

Population: 8,918,653 (2015)

## Metropolitan Area

~25 million people

## Divided in 16 political delegations

Source: INEGI

<http://cuentame.inegi.org.mx/monografias/informacion/df/poblacion/>



# Refugee population, asylum seekers and recognized refugees in Mexico 2011-2017



Asylum applications per year



Recognized refugees  
+ Complementary Protection  
per year



Total refugee population

## 2017



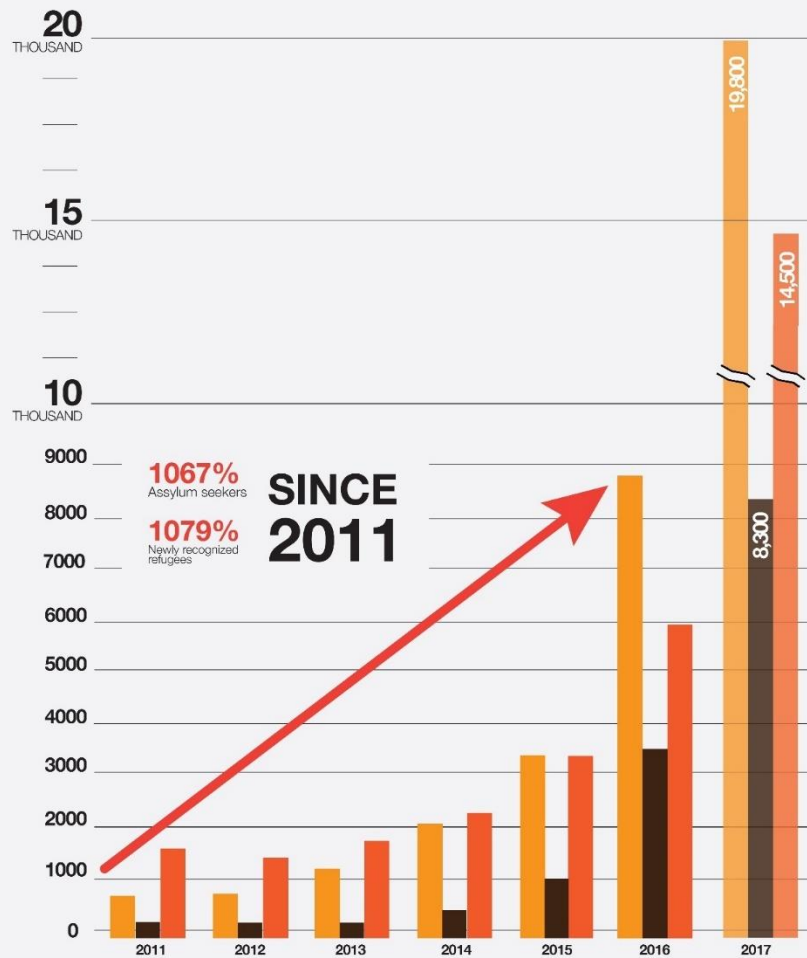
Projected asylum applications by the end of 2017 based on an average monthly increase of 8.3% in asylum applications since January 2015



Projected recognized refugees + complementary protection by the end of 2017, based on the assumption of a 63% recognition rate and a 20% abandonment / withdrawal rate



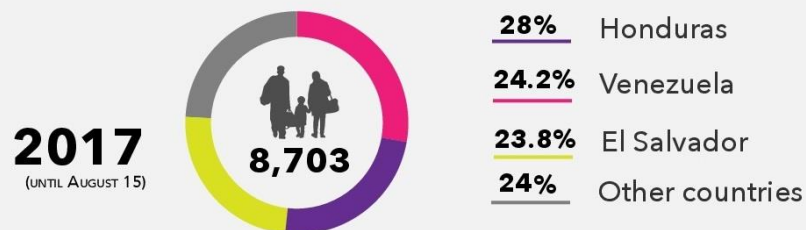
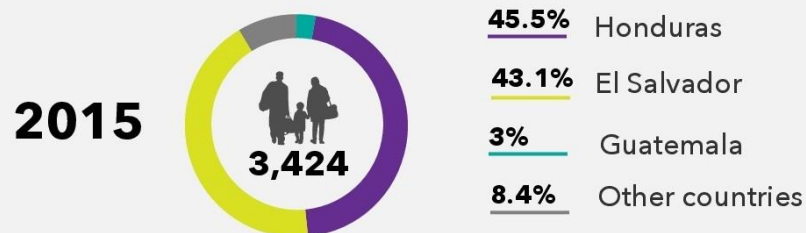
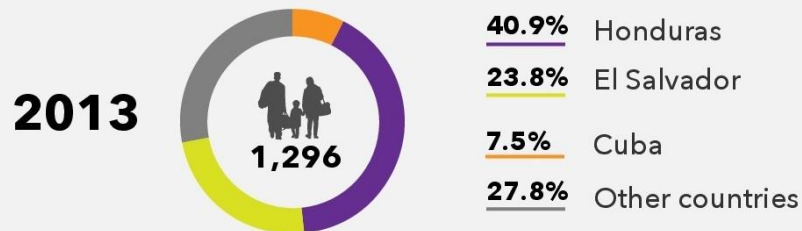
Projected refugee population by the end of 2017








## What are the main nationalities of the **asylum-seekers in Mexico?**



Source: Mexican Refugees Commission (COMAR)

Source: UNHCR



 In the regional context, the population from the North of Central America is highly mobile even following arrival in Mexico, which is a barrier for persons of concern to have information and access to services. In addition, SGBV (sex and gender violence) is a main reason that refugees flee their countries of origin and they continue to face serious risks of SGBV in transit. The creation of a network of safe spaces is fundamental to address the specific needs of survivors of SGBV in need of international protection. Safe Spaces provide a minimum package of basic services to SGBV survivors in a place, or during outreach and awareness-raising activities, which use a survivor-centered and best interests approach to foster an atmosphere of non-discrimination and inclusivity. Safe Spaces support coordination and strengthening of multi-sectoral services to improve a survivor's network of care.

# Posters at Condesa Specialized Clinics



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Dr. Jaime Sepúlveda Amor

**Programa**  
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**Protección y atención de VIH para  
migrantes y mexicanos repatriados**

**CDMX**





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## Sanctuary Clinic Program




-  The Sanctuary Clinic Program was created on February 2017, although since 2009 we have been providing care to the migrant population through other programs.
-  The Sanctuary Clinic Program provides services at Condesa Specialized Clinic and at Condesa-Iztapalapa Specialized Clinic.
-  The purpose is to speed up the access to treatment for migrants with HIV from Central America and other countries as well as returning Mexicans to the country.
-  Service integration is done quickly and personalized for all services at both clinics.


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## Target Population



 Migrant men, women, and transgender population (adolescents and adults) in conditions of social vulnerability, emphasizing persons from Central America, residents or in transit through Mexico City, independent of their migratory situation, including asylum seekers, as well as Mexican that return to the country with or without documentation.

## Objective

 Recognize the right to Health protection of migrant individuals that is equivalent to the rest of the population.

## Services offered at Condesa and Condesa-Iztapalapa Clinics for Migrants and Repatriated Mexicans



Intervención	Objetivo
<p><i>Human Rights Module</i>  <i>“Francisco Galván Díaz”</i>                      Letra S, Sida, Cultura y Vida Cotidiana                      A.C.</p>	<p>Counselling, follow-up services in the presentation and follow-up of complaints, linkage to legal services for discrimination or violation of human rights.</p>
<p><i>As-Par:</i>  <i>Peer navigators</i>                      CHECCOS A.C.</p>	<p>Counselling and support for the integration to care of persons recently diagnosed with HIV. It is complemented through phone contacts and social networks, as well as workshops.</p>
<p><i>Counselling and Diagnosis</i></p>	<p>HIV, Hepatitis B and C, Syphilis diagnosis. Linkage to appropriate service.</p>
<p><i>Care for victims of sexual violence</i></p>	<p>Prophylaxis treatment for HIV and STI transmission, as well as pregnancy.</p>
<p><i>Sexual and Reproductive Health and STI</i></p>	<p>Syndromic management of Sexually Transmitted Infections, prevention of perinatal HIV transmission and prenatal care for women in high vulnerability situations, as well as long lasting birth control methods.</p>

## Services offered at Condesa and Condesa-Iztapalapa Clinics for Migrants and Repatriated Mexicans



Intervention	Objective
Mental Health Assessment	Diagnosis and treatment of mental health conditions and interventions to improve adherence to HIV treatment.
HIV Care	Ambulatory medical care for HIV that includes ARV treatment following the national and international guidelines.
Referrals to 2nd/3rd levels of care	Medical referrals to services not available at the Condesa clinics based on medical assessment.
Follow-up	Counselling and linkage to social programs offered by non-governmental organizations, private , and public agencies.
Punto Seguro	Personalized care for male sex workers with or without HIV.
Harm reduction in non-injectable drugs	Focused on mitigating risks and harm associated to drug use by persons with HIV.
Ponte a Prueba	Detection, Treatment and HIV Care in prisons in Mexico City.
Transgender Clinic	Hormone therapy for sex change transformation.

## Profile by Region



### I. Central Americans:

- Men, women, Trans women, children and adolescents with low educational levels
- Fleeing gang violence (Discrimination towards the LGBT population)
- Travel by foot, by bus and raft: risks (sexual violence, muggings, kidnapping...)
- Referred by INM, COMAR and NGO´s
- Mainly diagnosed in Mexico City
- **Few support networks**

### II. South Americans:

- Middle class men: students and professionals
- Flight
- Referred by COMAR and NGO´s besides contacts through the social networks
- Diagnosed and previously treated: come to continue with care
- **Have support networks**

#### II.1. Venezuela:

- Fleeing the political and economic crisis
- They face hostilities when they arrive
- Flight
- Referred by COMAR and NGO´s besides contacts through the social networks
- Diagnosed and previously treated: come to continue with care (shortage of medications)
- **Have support networks**





### III. Africans:

- Men, women and children: professionals
- Fleeing political conflict: repression and prison to sympathizers
- Flights (long travel times)
- Diagnosed and previously treated: come to continue their treatment
- **Few support networks**

### IV. Europeans and North Americans:

- Middle class men and women: students and professionals
- The majority have regular residency
- Flights
- Diagnosed and previously treated: come to continue their treatment
- **Have support networks**

## Migration status of population served (transit, temporary and permanent)



Migration status	Treatment Access according to the guidelines of “Seguro Popular”
Temporal or Permanent Residency	✓
Turist	✗
Humanitarian visa	✗
Refugee Applicants	✗
Refugees	✓
Indocumented	✗
Repatriated	?
Without country	✗

## Interagency contributions (good practices)





Currently, Clínica Condesa is co-chairing with UNHCR the safe spaces network in Mexico City. UNHCR, the Mexican Refugee Agency (COMAR), Clínica Condesa and partner NGOs including migrant shelters, regularly coordinate for cases with special needs, such as pregnant woman, LGBTI persons, persons with STIs/HIV. A special referral system was established for these cases. Awareness raising activities on sexual and reproductive health to persons of concern are also implemented, for example, Clínica Condesa along with partner NGOs and UNHCR organized a sexual and reproductive health fair in the migrant shelter Cafemín offering free HIV/ITS detection tests. In addition, UNHCR and COMAR gave a joint training to Condesa staff on identification of persons with international protection needs and the asylum process. In turn, Clínica Condesa offered a training to COMAR, UNHCR, and NGO partners on sexual health and HIV/STIs.

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## Conclusions



-  Access to health services for the migrant population, specifically in HIV prevention and care, should be a Health System objective and should be audited by international organisms.
-  The diagnosis and treatment of immigrants with HIV is a needed component of the strategy for epidemic control, for the prevention of Aids cases as well as death and for virus transmission prevention which is achieved when treatment is offered to persons with HIV (Treatment as Prevention).

## Conclusions



-  The Condesa and Condesa-Iztapalapa Clinics are safe spaces for the migrant population, repatriated, and refugees.
-  Health services Access is necessary to guarantee the right to live, physical wellness, free transit, and evidently to health.
-  The Young population is the age group with the highest need for HIV services, pregnancy care, and sexual violence, and at the same time, a population group with great mobility inside and outside country borders.
  - The refusal of such services due to migratory status is a discriminatory act of grave consequences for world youth.



# UNHCR Information at the Condesa Clinic





Source: UNHCR



# THANK YOU

Clínica Especializada Condesa



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