Mixed Movements Monitoring

July - September 2025

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Key Figures

2,151
Individuals were interviewed from July to September 2025.

27 Nationalities interviewed

32 Average age of respondents

65% VENEZUELANS
9% COLOMBIANS
8% HONDURANS
7% CUBANS
5% HAITIANS
6% OTHER
Main nationalities of respondents

PANAMA: 840
MEXICO: 523
COSTA RICA: 422
BOLIVIA: 222
GUATEMALA: 144
Number of interviews per country

58% Men

41% Women

1% Other

48% Travelling with family

30% 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 45,000 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 intentions are largely concentrated in South America, with Colombia (36%) and Chile (26%) accounting for nearly two-thirds (62%) of all stated final destinations.

2. Nearly 29% of respondents consumed only one meal or none in the 24 hours prior to the interview, indicating severe food access constraints. Haitians are the most affected (35%), followed by Venezuelans, underscoring heightened vulnerability among these groups.

3. Children's most frequently reported needs across all age groups include medical attention or medication, food, and essentials such as clothes, shoes, and diapers for the youngest. For older children, psychological support and access to educational spaces remain among the top five reported needs.

4. Unmet needs remain extremely high across all child age groups. For children under five, around 70% lack access to food and medical attention, while among older children, 8 in 10 lack access to safe and protective spaces, and 3 in 4 to medical attention. An area with relatively better coverage is psychological support; however, 26% of children under 5 years and 48% of older children still have this need unmet.

5. 13% of respondents reported restricting adult food consumption so children could eat, a strategy significantly more common among women (23%) than men (5%).

Methodology

Q3 2025

11th round of data collection

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

11 Partners

Qualitative research in

COSTA RICA
COLOMBIA
HONDURAS

The eleventh round of data collection under the Mixed Movements Monitoring (MMM) initiative was conducted between 1 July and 30 September 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, Bolivia, and Guatemala, while qualitative data collection took place in Honduras, Costa Rica and Colombia.

A total of 2,151 interviews were conducted across five countries: 840 in Panama (39%), 523 in Mexico (24%), 422 in Costa Rica (20%), 222 in Bolivia (10%), and 144 in Guatemala (7%). Due to the uneven distribution of interviews—particularly the concentration in Panama, Mexico and Costa Rica—these round limits cross-country and population group comparisons to reduce potential bias.

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.

In response to the changing regional dynamics, the analytical framework and both quantitative and qualitative questionnaires were revised this quarter. The updated framework allowed for greater flexibility to capture different movement patterns (i.e. southbound) and additional intentions, such as staying in the country of interview or returning to the country of origin. The unit of measurement was changed from travel group to family group, meaning participants answered questions only about family members travelling with them and no longer included non-relatives of the same travel group. Some sections were removed to simplify and improve interview flow, such as the questions on previous host countries. Answer choices on other questions were also adjusted. Specific changes are detailed in the relevant results sections.

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.

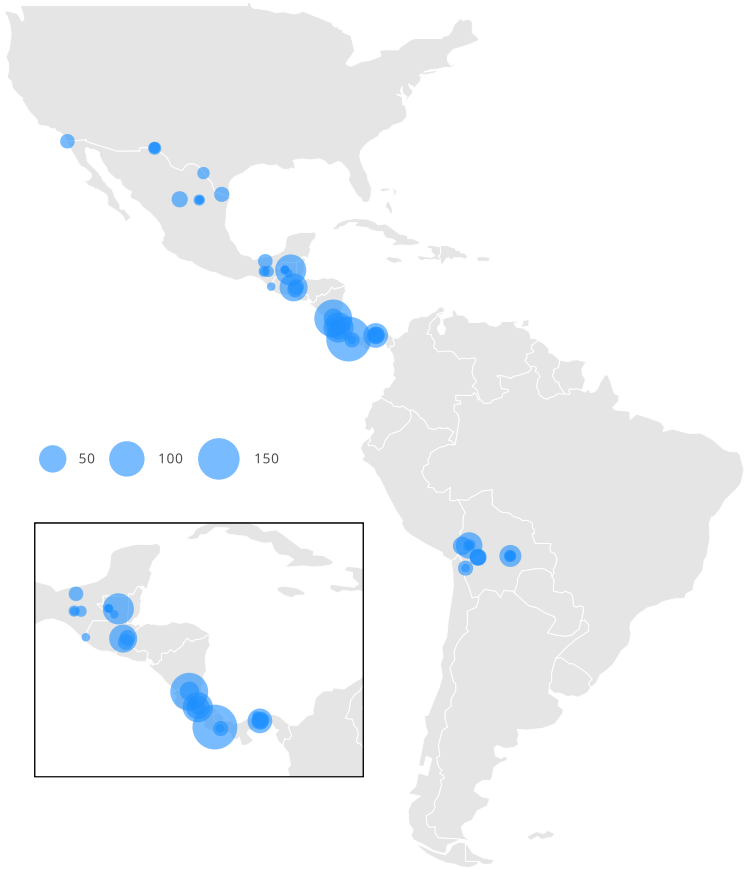
Despite these limitations, the data offers timely insights into the protection environment, evolving risks, limited access to services, food security concerns, and child-specific vulnerabilities affecting displaced and mobile populations across Latin America and the Caribbean.

In line with standard protocols, questions related to children were asked only to respondents who identified as the primary caregiver (e.g., mother, father, or legal guardian), and data was collected for one randomly selected child per age group.

Data collection locations

In this round, the majority of interviews (45%) were conducted at transit points such as bus stations and coastal docks. Additional interviews took place at shelters and communal eating areas (20%), border crossing points (10%), and multi-service centers (9%). A smaller proportion of interviews were carried out in open spaces (8%), the Mexican Commission for Refugee Assistance (COMAR) and partner offices (5% combined), and other locations including temporary accommodations, UNHCR offices, and detention centers.

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 third quarter of 2025, the landscape of human mobility in the Americas continued to reflect significant transformations that had already emerged earlier in the year. The dynamics of mixed movements were defined by two divergent trends: a continuation of the decrease in northbound flows and a simultaneous solidification of southbound return and mixed movements in South America. These shifting patterns unfolded against a backdrop of tighter migration policies and intensified enforcement measures. Consequently, human mobility in the region has become increasingly fragmented, with returns occurring sometimes under involuntary or adverse circumstances which exacerbate the vulnerabilities of persons forcibly displaced. Against this backdrop, the root causes of forced displacement remain, and organized crime is transforming and multiplying its ways of operating, overflowing traditional institutional responses. This has an impact on human security dynamics, affecting local communities, internally displaced persons, refugees and migrants.[1]

During this quarter northbound movement toward the United States remained low. U.S. Customs and Border Protection (CBP) reported 19,295 encounters, a 17% decrease compared to the previous quarter, with Mexican nationals comprising 69% of the total.[2] Mexico mirrored this trend, with irregular entries plummeting by 95% to just 15,185 during the third quarter of 2025, compared to nearly 300,000 during the same period in 2024[3]. Similarly, the Darién jungle historically a critical corridor for northbound movements, registered only 55 northbound crossings from July to September.[4] Conversely, the intention to remain in Mexico among refugees and migrants interviewed went from 41% in 2024 to 66 % in 2025, with over 58,800 asylum applications filed by September 2025, mostly by Cubans, Venezuelans and Haitians.[5]

In addition, since January 2025, southbound flow through

[1] Regional Protection Sector R4V/REDLAC, Regional Protection Analysis, Latin America and the Caribbean (2025), 17 November 2025, https://www.refworld.org/es/ref/infortem/r4v/2025/es/151199, Mixed Migration Centre (MMC). (2025). Quarterly mixed migration update: Latin America and the Caribbean (Q3 2025). https://mixedmigration.org/resource/quarterly-mixed-migration-update-lac-q3-2025

[2] CBP. (2025). Nationwide encounters: U.S. Border Patrol statistics, June–August 2025. U.S. Customs and Border Protection. Accessed December 10, 2025. https://www.cbp.gov/newsroom/stats/nationwide-encounters

[3] Migration Policy, Registration and Identity Unit; Secretariat of the Interior, Mexico. Data elaborated on information registered by National Migration Institute. Available under "Cuadro de datos" > "Eventos de personas en situación migratoria Irregular (antes, las y los extranjeros presentados y devueltos)". "Cuadro 3.1" is for the total numbers (see direct links for 2024 and 2025), "Cuadro 3.1.5" for children and adolescents (see direct links for 2024 and 2025).

[4] National Migration Service, Panama. Available at https://www.migracion.gob.pa/estadisticas/ under "TRÁNSITO IRREGULAR POR DARIÉN", direct links "TRÁNSITO IRREGULAR POR DARIÉN 2025" and "TRÁNSITO IRREGULAR POR DARIÉN 2024". Accessed August 19, 2025.

[5] Fact Sheet - Operación ACNUR México Septiembre 2025. https://data.unhcr.org/en/documents/details/120105

Panama and to Colombia established itself, with Panama reporting over 18,000 individuals transiting southward in 2025 of which 94% were Venezuelans.[6] In an increasingly hostile environment, Venezuelans had to decide between returning to their country of origin or seeking protection elsewhere. Migración Colombia documented 102,137 number of Venezuelans arriving and 3,470 departing southwards,[7] navigating routes characterized by reduced humanitarian assistance and widespread exposure to violence, robbery, and extortion.

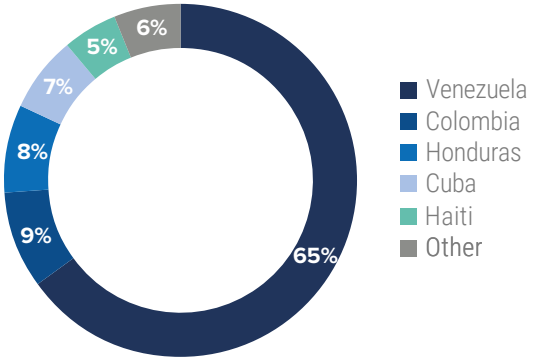
Further south, distinct patterns emerged in Brazil. In Pacaraima and Boa Vista, UNHCR monitoring identified a rapid transit corridor where 56% of individuals identified were Cubans, utilizing an arduous overland route via Guyana and Venezuela. Conversely, Haitian mobility into Brazil stabilized toward settlement. Campinas Airport entries increased by 35.8%, reflecting a stronger inflow and fewer exits compared to 2024.[8] Despite the containment of northbound flows, the drivers of displacement—organized crime, political instability, and generalized violence—remain potent. Ecuador's high homicide rates and growing levels of urban violence, Peru's states of emergency, and unchecked gang control in Haiti and Northern Central America continue to force populations to flee.

This operational environment was further complicated by severe resource limitations. Humanitarian organizations faced significant budget cuts, forcing a strict prioritization of life-saving activities. This reduction left refugees and migrants—particularly women and children—at heightened risk of abuse and forced recruitment.[9] As the region shifts toward circular and fragmented patterns, the gap between acute needs and available support continues to widen.

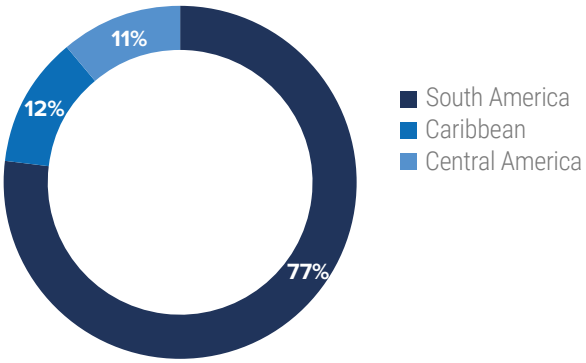
Demographics

GENERAL DEMOGRAPHICS

Top countries of origin of respondents



Regions of origin of respondents
(by geographic location)



During the third quarter of 2025, the Mixed Movements Monitoring (MMM) initiative collected data from individuals of 27 different nationalities across five countries. Mexico was the country where the greatest diversity of nationalities was recorded, with interviews conducted with individuals from 24 different nationalities. Venezuelan nationals continued to represent the largest group among respondents, accounting for 65% of all interviews. They were followed by Colombians (9%) and Hondurans (8%), with smaller proportions reported for nationals of Cuba, Haiti, and other countries.

In terms of regional origin, 77% of respondents came from South America, 12% from the Caribbean, and 11% from Central America.

Across all regions, men represent the majority of respondents, especially from Central America, where they account for nearly two-thirds of all interviewed. The Caribbean and South America also shows a slight male predominance. These trends highlight that mixed movements remain primarily male-led, though female participation remains notable across the region.

[6] National Migration Service, Panama. Situation of the North-South flow and flow through the Darién, November 2025. https://www.migracion.gob.pa/wp-content/uploads/REPORTE-OPERACIONES-11-nov.pdf

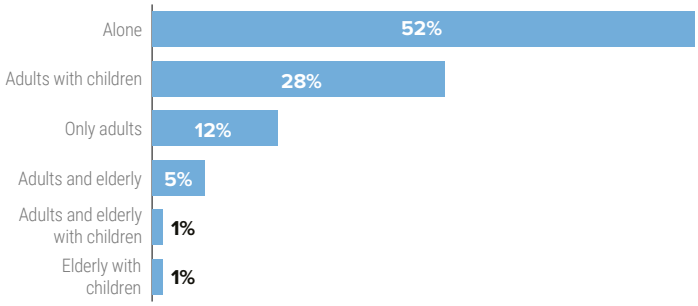
[7] Information System for Monitoring Migration Phenomena, Migration Verification Subdirectorate, Migration Colombia. https://www.migracioncolombia.gov.co/sites/unidad-administrativa-especial-migracion-colombia/content/files/002227/111322_reporte-svemsifm-15-sep-2025-v2.pdf

[8] OBMIGRA (International Migration Observatory), "DataMigra BI Platform," accessed December 10, 2025, https://www.datamigra.unb.br/

[9] Mixed Migration Centre (MMC). (2025). Quarterly mixed migration update: Latin America and the Caribbean (Q3 2025). https://mixedmigration.org/resource/quarterly-mixed-migration-update-lac-q3-2025

Composition of travelling family group

Who are you travelling with?



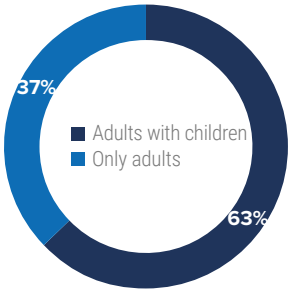
More than half of respondents (52%) were travelling alone, a pattern particularly common among nationals from Honduras, Haiti, and Colombia. Venezuelan respondents showed a slightly different profile: fewer were travelling alone (47%), and a larger share were accompanied by children (35%), indicating 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 (68% between 5 and 17 years), followed by younger children (27% between 6 months and 5 years), with only 5% being infants—highlighting the need for education and age-appropriate protection services along the route.

A smaller proportion of families (7%) included at least one older adult over the age of 60, including 12 cases of elderly people travelling with dependent children and two cases of elderly individuals travelling alone—highlighting additional layers of vulnerability within some groups.

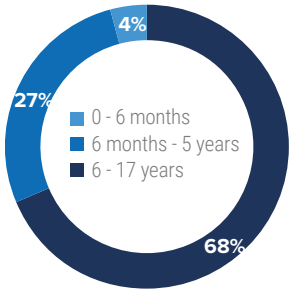
Gender patterns in caregiving were also evident. Women were far more likely than men to be travelling with children (71% compared to 46%), underscoring their central role as primary caregivers during displacement and the heightened support needs that accompany this responsibility.

Family composition

Family age breakdown



Children in family age breakdown



When travelling with family, most respondents were travelling with children (63%), while 37% were family with only adults. 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 Honduras, Venezuela, and other smaller-represented nationalities, while respondents from Colombia, Haiti and Cuba were more often travelling without children.

Overall, these findings show that families on the move—especially from certain countries—tend to travel in larger groups and with very young children, suggesting higher support needs along their journey.

Specific needs

14%
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.

14%
of families had at least one member who was pregnant, breastfeeding, or both.

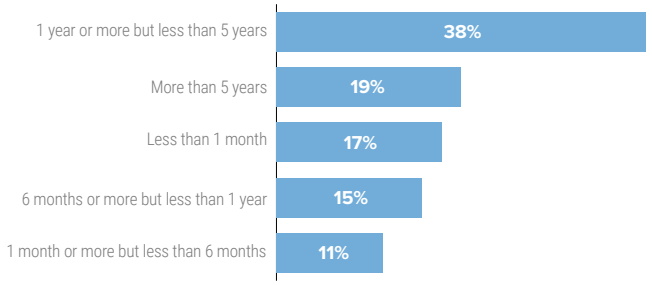
The results indicated that 14% of families reported having at least one member of the family who needs treatment, and 7% reported a disability requiring daily assistance. Furthermore, roughly 14% of families include a woman who is pregnant and/or breastfeeding. Observations from Colombia show that the lack or limited access to health service provision is worsening the health status of the most vulnerable.

Limitations along the route in accessing specialized medical treatment and essential medications emerged also as a recurring finding across focus group discussions conducted in Costa Rica, particularly among people with physical disabilities and chronic illnesses.

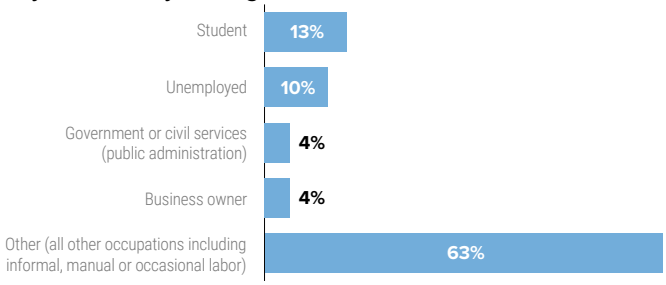
A small proportion of respondents (2%) reported travelling with children who were not accompanied by their parents or primary caregivers. While infrequent, these cases signal heightened protection risks and the need for targeted support. Among those reporting this situation, most were accompanying one or two children.

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?



Around 43% of respondents had left their country of origin within the past year: 17% had been travelling for less than one month, 11% had left between one and six months ago, and 15% between six months and under one year. The remaining respondents had departed more than one year ago, including 38% who left between one and five years ago and 19% more than five years ago.

Timelines varied considerably by nationality. Colombians, Cubans, and Hondurans most often reported very recent departures, with around a third to half leaving within the last month. Haitians showed more mixed timelines, though many had left within the past 6–12 months. 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.

Qualitative data further illustrate how mobility is shaped by shifting circumstances rather than a single continuous journey. Some respondents had spent extended periods in third countries before resuming their movement due to deportation, violence, or sudden changes in their situation. Field observations in Colombia also noted families arriving after long stays abroad, including Venezuelan parents travelling with children born in Peru or Ecuador. These patterns highlight how onward movement is often influenced by evolving risks and disruptions in previous host countries.

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 (63%), while 13% were students. Among potentially more vulnerable professional groups, 4% worked in government or civil services (public administration), 4% were business owners, 2% were engaged in medical or health-related professions, and 2% were in security-related government roles. 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 sensitivity, with nearly 20% reporting that they had been involved in public administration, security forces, or political activism. Haitian nationals also showed notable exposure in government and security roles. In addition to the exposure to persecution because of the specific profiles, Haitians mostly report to have left the country because of violence related reasons (see below). Venezuelans presented a mix of profiles and professional backgrounds, including civil servants, security-related roles, and a large student population, alongside a combination of reasons for departure that include security concerns and, in some cases, difficulties accessing services and meeting basic needs. By contrast, Hondurans and Colombians reported fewer public-sector or security-related backgrounds, although high unemployment remains a critical vulnerability for Hondurans.

DOCUMENTATION

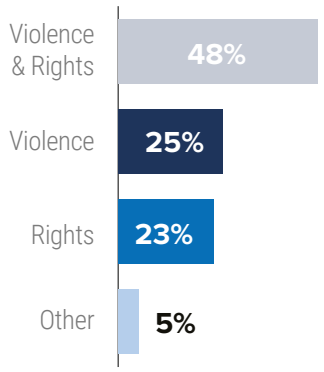
Lack of valid identity documents remains a barrier to accessing services and regularization opportunities. Most respondents (93%) held at least one document from their country of origin—primarily national ID cards (80%), followed by passports (26%) and birth certificates (7%)—while 7% had no documentation. Among passport holders, 83% had valid documents.

Patterns differed by nationality. Colombians, Hondurans and Venezuelans were more likely to travel with national IDs, while Cubans and Haitians predominantly carried passports, reflecting their need for air travel. Venezuelans had the lowest rate of passport possession (10%) and the highest proportion of expired passports, consistent with ongoing challenges in passport issuance and renewal.

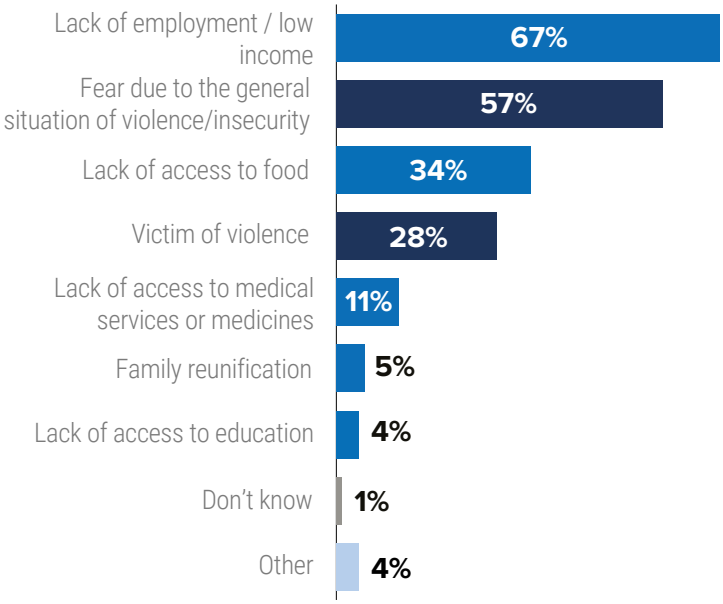
Displacement

REASONS TO LEAVE COUNTRY OF ORIGIN

Reasons to leave country of origin (groups)[10]



Reasons to leave country of origin (breakdown)[11]



The analysis categorizes the reasons for leaving into four groups: Violence (insecurity and threats), Rights (lack of access to essential services and livelihoods), Violence & Rights (a combination of both), and Other. This distinction is critical for understanding whether families are fleeing immediate physical danger, the deprivation of basic rights, or—as is often the case—a compounding mix of both factors.

Findings from the third quarter of 2025 reinforce the mixed nature of movements. Nearly half of respondents (48%) reported overlapping violence and rights-based reasons for leaving. The remaining respondents were split between those citing only violence (25%) and those citing only rights-related factors (23%), while 5% reported other reasons. Violence-related factors ranged from generalized insecurity to direct threats, intimidation, or harm to the respondent or a family member. Qualitative data illustrated these dynamics, with examples such as threats linked to military service desertion, political disagreements, or harassment in public-sector roles. Some respondents also described how violence contributed to job loss, which then triggered rights-based deprivations such as food insecurity.

[10] **Rights-related:** This category encompasses factors associated with the lack of access to basic rights and services, including challenges related to employment, low income, food, medical services, or education. **Violence-related:** Within this category, responses are linked to concerns about the general situation of violence or insecurity, as well as instances of being a victim of violence, including threats and intimidation. **Other:** This category encompasses a range of reasons, including but not limited to family reunification, natural disasters, and other options that may not distinctly fall into the rights-related or violence-related categories.

[11] In previous quarters, "victim of violence" and "threats/intimidation" were two separate answer options. After the third quarter of 2023, the answer options were revised and consolidated. "Victim of violence" now identifies "The person or someone close to them was a victim of violence, threats, or intimidation (extortion, assault, GBV, kidnapping, discrimination / xenophobia, etc.)".

25%

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.

23%

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.

48%

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

Nationality patterns were distinct. Venezuelan respondents had the highest proportion citing combined violence and rights-based reasons (59%). More than half of Colombians cited violence exclusively, while Haitians reflected a mix: 49% reported only violence-related reasons, and 40% cited both.

Food insecurity emerged as a critical factor across groups. Thirty-four percent of respondents mentioned lack of food as a reason for leaving, rising to 40% among families with children. Participants in Honduras and Costa Rica described extremely low wages and difficulties affording food, reinforcing these findings. Women were more likely than men to cite food insecurity (40% versus 30%).

Gender differences in other drivers were more modest. Men and women reported similar levels of lack of employment (67% and 66%). Men were slightly more likely to cite fear due to generalized violence (59% versus 56%), while women more frequently reported being— or having someone close to them be—victims of violence (31% versus 26%).

Current stay in Country of Interview

Arrival to country of interview

55%

of respondents reported arriving within the past week.

Departure from country of origin

57%

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

Intended length of stay

27%

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 55% reporting arrival within the past week—a pattern consistent with data collection taking place in transit hubs and border areas. Although 43% had left their country of origin within the last year, onward movement is not always immediate and increasingly depends on individual circumstances and available resources.

The longer respondents' journeys are, the more vulnerable they become since they are more likely to face risks and unmet needs. According to qualitative data from Costa Rica and Honduras, participants claimed that access to financial resources (money sent by family members) led to shorter journeys, while those who lacked funds were slowed down by the need to gather funds for the next leg of the journey. Participants in Costa Rica also mentioned that they had crossed the country before, settled in the United States or Mexico, and have now returned to Costa Rica as the next best option for settling down.

Intentions regarding length of stay show important shifts. Over half of respondents (55%) planned to remain in the country of interview for less than one year, yet a substantial proportion—27%—expressed an intention to stay for more than five years or as long as permitted. Another 3% anticipated staying between one and five years, while 15% were undecided.

These findings suggest that, even as overall movement volumes decline, intentions to settle—temporarily or long term—are becoming more prominent, with some individuals adopting a more cautious or patient approach before deciding whether to move onward.

Among those intending to stay long term, only 31% reported having a support network such as family or friends in the country of interview, indicating that motivations extend beyond existing connections. Intentions to stay also varied significantly by location, with higher levels observed in Costa Rica (62%) and Mexico (58%).

Qualitative data provide additional insight into these preferences. In Costa Rica, participants highlighted factors such as access to the asylum system, perceptions of safety, hospitable attitudes toward refugees and migrants, and better access to economic opportunities, education, and healthcare—particularly for pregnant women and children. In Honduras, respondents noted feeling welcomed and expressed interest in applying for asylum. By nationality, stay intentions were highest among Haitians (81%), Cubans (75%), and Colombians (39%), underscoring how legal, social, and protection conditions influence decisions at different stages of the journey.

INTENTIONS

Respondents who said they planned to stay in the country of interview for 5 years or more, or as long as allowed, were counted as intending to stay. Those who planned to stay less than 5 years were asked whether they expected to move to a third country or return home afterward.

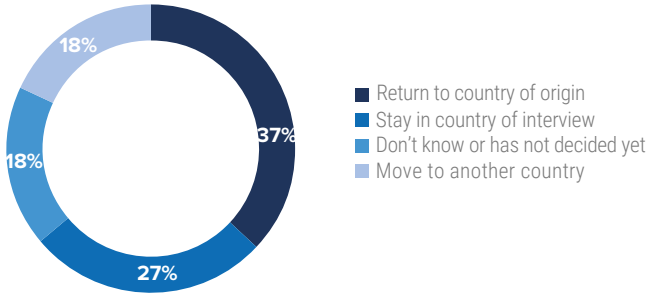
Overall, 37% hoped to return to their country of origin, 27% intended to stay where they were interviewed, 18% were still undecided and 18% planned to move to a third country.

Intentions varied by nationality. Haitian and Cuban respondents were the most likely to want to stay, followed by Colombians. Venezuelans showed the strongest intention to return home: 52% preferred returning, compared to 22% who would move to a third country. Some Venezuelans in Costa Rica said they wished to return because they were exhausted from traveling and missed their homes and families. Others in Honduras also mentioned family reunification but expressed fears about the conditions they might face back home.

Respondents in Panama had the highest intention to return (77%). Although the Darién route is no longer used for returns, Panama remains a central transit point, with returns increasingly happening through Caribbean and Pacific maritime routes. In Colombia, Necoclí remains key for the Caribbean route, while Juradó, Bahía Solano, and Buenaventura are part of an emerging Pacific route.

Regardless of their plans, participants were asked about risks if they returned home. Twenty-nine percent (29%) of respondents fear they would be at risk of individualized violence or persecution, including incidents such as intimidation, threats, risk to physical integrity, arbitrary detention, forced recruitment, degrading treatment or torture. One in five (22%) said they would face generalized violence, and another 20% feared lack of access to basic services. Others feared lack of access to medical treatment (4%) and risks of gender-related violence (4%).

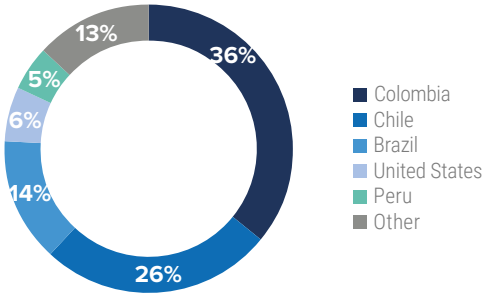
Intention to stay, move or return



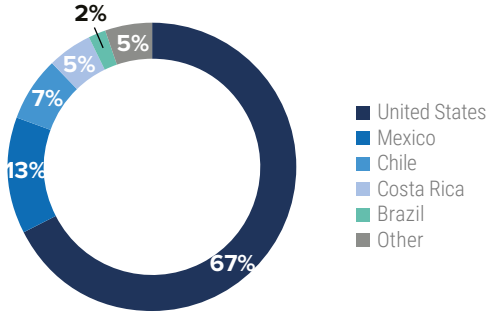
85%

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 respondents planning to move to another country, Colombia was the most common intended destination (36%), followed by Chile (26%) and Brazil (14%). Only 6% selected the United States, reflecting the sharp drop in intentions observed earlier this year. Unlike the previous quarter, Mexico no longer appears among the top five destinations, likely due to changes in the questionnaire[12]. As noted earlier, more than half of those interviewed in Mexico intended to stay there, while respondents in other countries were more likely to continue their journey.

The revised methodology and the start of data collection in Bolivia during this quarter help explain the new presence of Chile, Brazil, and Peru (5%) among the top destinations. These patterns also illustrate the different mobility dynamics in the southern part of the continent, where movements follow an east–west rather than north–south pattern. In fact, respondents interviewed in Bolivia showed the highest intention to move onward (75%).

The revised questionnaire captured the original intended destination for all participants. Additionally, respondents who indicated plans to move to another country were asked to specify their current intended destination. Comparing these answers made it possible to identify who had changed plans. Overall, 85% of people currently planning to move to a third country had changed their intended destination since they last left home, a shift particularly common among Venezuelans (89%). These findings support the observed reverse flows and highlight the rapidly changing nature of mobility across the region.

PROTECTION INCIDENTS

60%

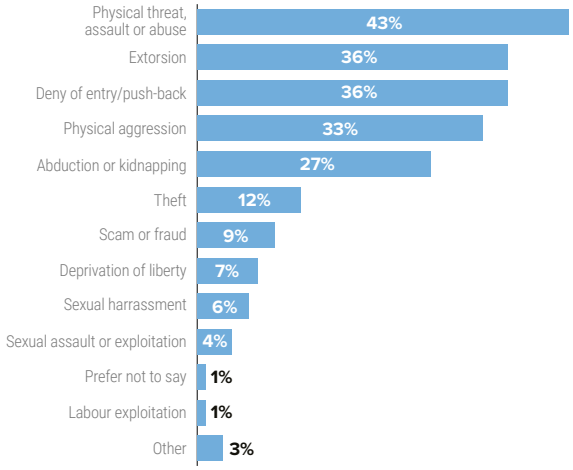
of the people interviewed reported a protection incident or threat along the route.

62%

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



Consistent with the previous quarter, in the third quarter of 2025 more than half of respondents (60%) reported experiencing at least one protection incident along their journey. Incidents were similarly likely to occur among male and female respondents (59% vs. 58%), indicating that risk exposure remains widespread across genders.

The updated questionnaire introduced revisions to the list of incident types, with theft now integrated within threats, intimidation, or physical aggression—focusing on the underlying psychological or physical violence involved. As a result, comparisons with previous quarters were avoided. Under the revised structure, threats and intimidation (43%) emerged as the most frequently reported incident, followed by extortion (36%), denial of entry (36%), physical aggression (33%), and kidnapping or abduction (27%).

Although less common, other serious forms of violence were also reported: 6% experienced sexual harassment, 4% sexual assault, and 1% labour exploitation. Field diaries from Colombia additionally document gender-based violence, sexual harassment, sex-for-survival, and violent aggressions during abductions or forced labour situations at transit points with limited humanitarian presence—hindering access to legal assistance and psychosocial support.

[12] In prior versions, all respondents were asked for their intended country of final destination and were only asked about their intentions if their destination could not be reached. The current questionnaire streamlines this: only respondents planning to move to a third country (after indicating they would not stay in the country of interview for five years or more, nor return home) are asked to specify their final destination.

By family composition

Families with children were more likely to report experiencing protection incidents (62%) than adults traveling without children (58%). Denial of entry was more common among adults traveling without children (38%) than among families (30%). These patterns suggest distinct vulnerabilities and interaction dynamics with authorities and other actors along the route.

By gender

While the likelihood of experiencing any protection incident is similar between men and women, differences emerge in the types of incidents reported. Men reported slightly higher levels of physical aggression (35%) and denial of entry (39%). Women, meanwhile, were disproportionately affected by sexual harassment (11%) and sexual assault (7%), compared to 2% and 1% among men, respectively. Extortion was reported equally by both genders (36%). These findings underscore the need for gender-sensitive protection interventions throughout the region's mixed movement routes.

By country of origin

Risk exposure varied considerably by country of origin. Venezuelan respondents, who represent the largest share of the sample, reported threats and intimidation (45%), denial of entry (43%), physical aggression (36%), and kidnapping or abduction (33%). Hondurans also reported high frequencies of threats (41%), physical aggression (29%) and extortion (16%). Colombians frequently reported threats and intimidation (53%), extortion (25%), and denial of entry (25%), reflecting diverse protection risks along their journey. Cubans and Haitians were comparatively less likely to report incidents (17% and 39% respectively). Nevertheless, specific threats remained significant, particularly extortion for Haitians (22%) and theft for Cubans (41%). While low in number, sexual harassment, sexual assault, deprivation of liberty, and labour exploitation were recorded across all nationalities, demonstrating that no group is free from severe risks.

By country of interview

Protection risks also varied significantly depending on the country where respondents were interviewed. Bolivia and Panama recorded the highest levels of multiple incident types. In Bolivia, threats and intimidation (49%), extortion (41%) and physical aggression (22%) were frequently reported, alongside high levels of denial of entry (25%). Respondents interviewed in Panama while heading south toward Colombia described a particularly hostile environment. Beyond the high prevalence of denial of entry (67%), travelers faced severe protection risks, consistently reporting extortion (52%), threats (48%), and physical aggression (38%).

In Costa Rica, threats (49%), physical aggression (49%) and theft (37%) were the most common incidents. Respondents interviewed in Mexico reported high levels of theft (56%), extortion (20%), and kidnapping/abduction (16%), aligning with observed risks along well-known routes. In Guatemala, threats and intimidation (69%) and physical aggression (40%) dominated the profiles of incidents, reflecting persistent exposure to violence even among smaller samples.

Serious incidents such as sexual violence, deprivation of liberty, and labour exploitation were reported across all countries.

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Access to legal assistance

3 in 5 of respondents needed legal assistance or representation during their journey but only

31% of those needing legal assistance or representation were able to access it

Participants also reported whether they needed legal assistance or representation and if they were able to access it. Excluding indecisive answers, 60% of respondents claimed they needed legal assistance. Out of those, 69% did not have access to it during their journey. For example, according to field observations in Colombia, legal assistance is commonly needed by those who have the intention of staying in the country, but don't have any documentation or permits, since they were allowed to enter the country but were at risk of expulsion processes. Alongside legal assistance, analysis of field observations also identified the need for psychosocial assistance as well as activation of international protection routes for those who experienced incidents of violence, human trafficking and gender-based violence.

By country of interview, legal assistance needs ranged widely: they were lowest in Guatemala (11%), higher in Bolivia (71%) and Costa Rica (61%), and highest in Mexico (83%).

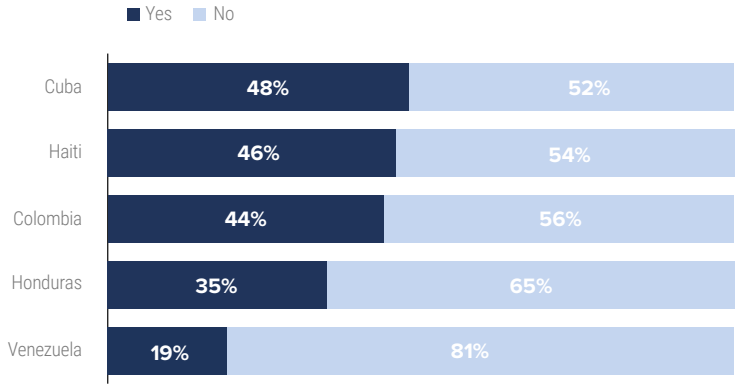
By country of origin, needs were especially elevated among Haitians (92%), Cubans (75%), and Colombians (65%), while lower among Venezuelans (57%) and Hondurans (41%)—reflecting differences in documentation challenges and regularization pathways.

Overall, the findings show a high unmet demand for legal and protection services, particularly among certain nationalities and in key transit countries.

Access to asylum

27% of respondents have applied for asylum.

Have applied for asylum by country of origin



More than 1 in 4 respondents reported applying for asylum, with the highest rates among Cubans (48%), Haitians (46%), and Colombians (44%), while only 19% of Venezuelans had done so. Mexico (40%) and Costa Rica (37%) were the most common countries of asylum application, followed by the United States (9%) and smaller shares across other countries. Most applications in Mexico, Costa Rica, and Guatemala remain pending, while Colombia stands out with 69% granted.

Overall, 61% of applications are pending, 14% granted, and 9% rejected, with the U.S. showing the highest rejection rate (34%). Despite legal recognition in some cases, many refugees continue moving due to hostile environments, fear of deportation, and lack of integration, as illustrated by deportations of recognized refugees in Colombia. Interviewees in Panama reported diverse application histories and intentions to continue southbound, raising questions about why people leave countries where they previously sought protection.

Of those who have not applied for asylum previously, 33% have not done so because they have the hope of returning home soon or moving to another country, 28% due to lack of information, 11% prefer other avenues of regularization and another 11% believe they don't qualify, among other choices.

Reliance on local protection systems appears substantial. Across the surveyed population, 78% of respondents indicated an intention to apply—or had already applied—for asylum in the country where they were interviewed[13]. This high figure underscores the critical role of host countries in providing long-term stability for those in transit.

For those who are not considering this option, 33% reported that they were hoping to return home or move to another country while 20% preferred other avenues of regularization. A noticeable 35% cited "Other" reasons.

[13] The original scope of this indicator was limited to respondents intending to stay in the country of interview for more than five years who had not yet applied for asylum. However, due to variations in field implementation, the reported figure (78%) should be interpreted as a composite of "intention" and "action." Specifically, the sample in Costa Rica, Panama, Guatemala, and Bolivia includes respondents who had already applied, while the sample in Mexico includes respondents intending to stay less than five years.

Only 8% of respondents declared having legal status in another country (different from an asylum application or refugee status). This was more common among Venezuelans, as 11% said they did have legal status, compared to the other top five nationalities with 1%-5% having legal status. Colombia is the most frequently cited country of legal stay by 65% of those with legal status. Peru was identified as a far second (16%) and the rest of the top five countries include Chile (5%), Brazil (4%) and the United States (4%). These trends were driven by Venezuelan respondents, as 73% of them had legal status in Colombia and 17% of them in Peru. Respondents from other countries different from Venezuela mentioned as having legal stays in Ecuador, Costa Rica, Uruguay, Trinidad and Tobago, Mexico and Cuba. Three out of four respondents (75%) possessing legal status had it through temporary permits, such as the EPTV in Colombia and PTP in Peru, consistent with the majority being Venezuelans.

78%

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

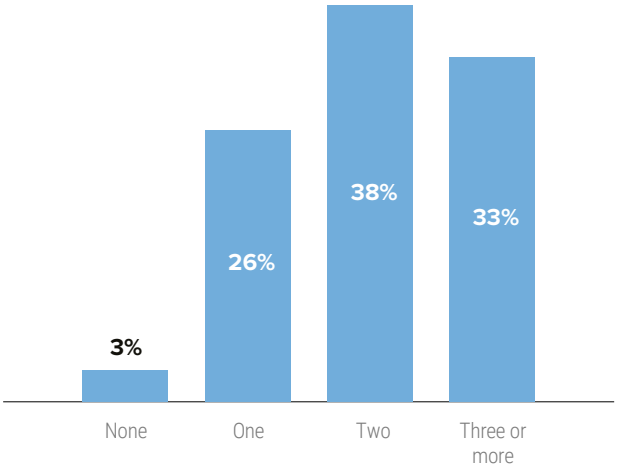
This phenomenon, having a legal stay option but still choosing to move to another country, raises questions as to how these temporary permits might not always translate to integration and access to durable solutions in the host country.

Access to food

29%

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

How many meals did you eat yesterday?



Nearly 29% of respondents reported eating one meal or none in the 24 hours prior to the interview, highlighting significant food access challenges. Men appear slightly more affected than women (31% vs. 26%), a finding consistent with focus group discussions where men expressed concerns about limited access to food compared to women. This disparity is partly attributed to humanitarian assistance prioritizing women and children in shelters and dining facilities, often leaving men without support when capacity is reached.

By nationality, Haitians are the most affected, with 35% reporting one or no meals, followed by Venezuelans. Families composed solely of adults also face greater vulnerability, with 32% consuming one meal or less.

Among those who managed to eat at least one meal in the previous day, 42% received food assistance, primarily from shelters, soup kitchens, NGOs, or similar sources. Assistance was most frequently reported in Costa Rica (57%), followed by Panama (45%) and Mexico (36%). The majority of this support was provided at transit points such as bus stations and docks, followed by shelters and border crossings, underscoring the critical role of humanitarian actors in sustaining food access along migration routes.

When asked to describe their food situation over the past week, the most common response (36%) was regularly eating less expensive and less preferred foods. Additionally, 13% reported restricting adult food consumption so children could eat, a coping strategy more prevalent among women (23%) than men (5%). Alarmingly, 9% stated they regularly went an entire day without eating, with men slightly more affected (11% vs. 6%).

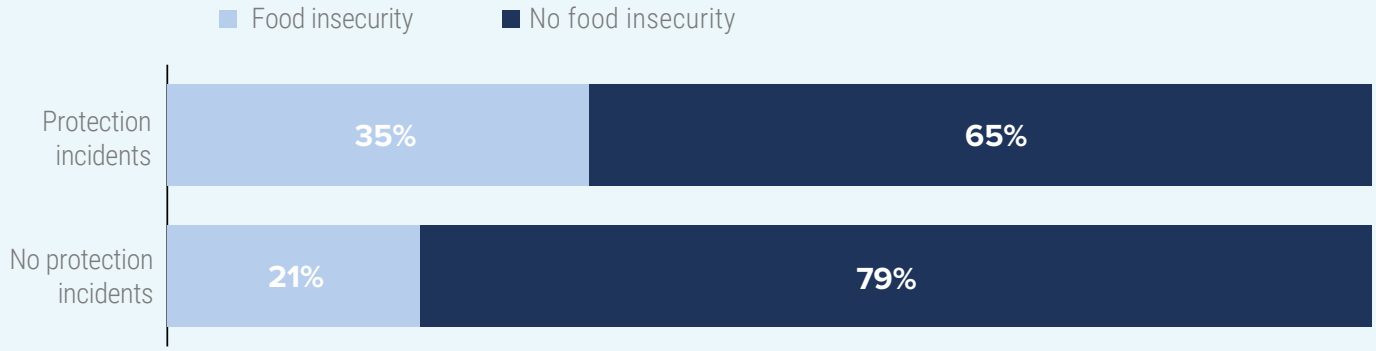
42%

of respondents who ate at least one meal the previous day reported receiving food assistance for any of their meals.

Food security and protection

Food insecurity is determined by meal frequency, flagging respondents who consumed zero or one meal during the previous day as "Food insecure," while those consuming two or more are classified as "No food insecurity." This variable is cross-tabulated with protection incidents, which categorizes respondents based on whether they reported experiencing at least one form of mistreatment or abuse versus those who reported none.

Food security by victim/witness of protection incident



Notably, 35% of respondents who reported experiencing or witnessing at least one protection incident also had one or no meals, compared to 21% among those who did not experience protection incidents, suggesting a strong link between protection risks and food insecurity.

Country-level differences are notable: in Costa Rica and Mexico, 34% of respondents reported no difficulties eating enough food, likely reflecting the presence of shelters and kitchens. Conversely, Bolivia showed the highest proportion of people going a whole day without eating. Adults traveling without children are particularly vulnerable, with 9% reporting full-day fasting, compared to 4% among families with infants under six months.

Overall, 78% of respondents faced some form of food restriction, including skipping meals, eating less than needed, or relying on cheaper foods. Severe coping strategies (such as restrict food consumption from adults, regularly going one whole day without eating or even regularly skipped meals) were reported by 41%, with Haitians (48%), Venezuelans (45%), and Cubans (37%) most affected.

Families with infants under six months were also highly impacted (56% resorted to severe strategies). Protection risks amplify these vulnerabilities: 49% of households experiencing protection incidents also resorted to severe coping strategies, highlighting the link between food insecurity and exposure to threats such as extortion, intimidation, and physical aggression.

CHILD WELL-BEING

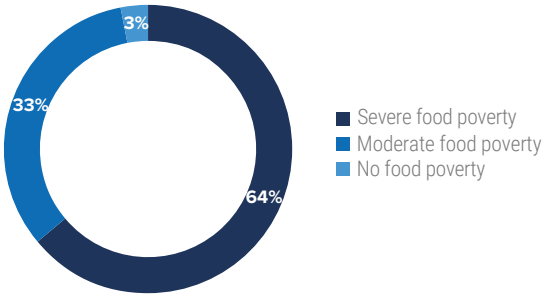
Infant and young child feeding indicators

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

1 out of 2

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

64% of caregivers reported that children between six months and five years of age live in severe food poverty (N=243).



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Breastmilk is the only recommended source of nutrition for infants under six months of age[14]. Therefore, exclusive breastfeeding is used as the primary child nutrition indicator for this age group. Fifty-one percent of caregivers (18 out of 35) reported exclusive breastfeeding of infants under six months of age the day before the interview. Moreover, 11% of caregivers (4 out of 35) reported difficulties from the mother in breastfeeding the infant.

For children between six months and under five 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[15]. 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, 64% of caregivers (156 out of 243) reported children living in severe child food poverty (i.e. consumed foods from two or less food groups out of eight) and 33% (79 out of 243) in moderate child food poverty (i.e. consumed foods from three or four food groups), while only 3% (8 out of 243) met the minimum dietary diversity standard (i.e. consumed foods from five or more food groups)[16]. These findings remain significantly higher than regional estimates from UNICEF[17], 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 this quarter a new group was introduced to account for the consumption of processed foods or liquids[18]. Forty-eight percent of caregivers (117 out of 243) reported that children eat processed foods or liquids the day before. Among these, 17% of caregivers (20 out of 117) reported that items were consumed exclusively from this group.

Looking at nutrition-related needs for infants under six months of age in the last 15 days, 10 out of 34 caregivers reported the evaluation of nutritional status through weight and height measurements and access to formula or food, while only one caregiver mentioned support to the mother on infant's breastfeeding.

Among the nutrition-related humanitarian aid received by infants in the last 15 days, 9 caregivers reported needing evaluation of nutritional status through weight and height measurements, 8 reported needing support to mother on infant's breastfeeding, and 3 reported needing guidance in case of malnutrition.

For children between six months and under five years of age, among food and nutrition-related needs in the last 15 days, 44% of caregivers (108 out of 247) reported access to food, 23% (58 out of 247) nutritional supplements, 7% (18 out of 247) evaluation of nutritional status through weight, height and arm width measurements, and 6% (14 out of 247) support to the mother on child's breastfeeding or recommendations on nutrition and feeding.

Among food and nutrition-related humanitarian aid received by children in the last 15 days, 41% of caregivers (61 out 150) reported receiving food access, 9% (14 out of 150) evaluation of nutritional status through weight, height and arm width measurements, and 7% (10 out of 150) nutritional supplements, 4% (6 out of 150) treatments against intestinal worms or parasites, and 2% (3 out of 150) have received guidance in case of malnutrition.

[14] 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).

[15] 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.

[16] In the analysis we excluded the "Don't know" option (4 respondents).

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

[18] 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).

Child health and vaccination[19]

43% caregivers reported that infants under six months of age received two or more vaccine doses.

68% of caregivers reported that children aged six months to five years received two or more vaccine doses (N=167).

For infants under 6 months of age, 43% of caregivers (15 out of 35) reported that their infants have received two or more vaccine doses (no matter which vaccines) and 49% (17 out of 35) have received one vaccine dose according to their age, while only 2 out of 35 have not received any vaccine.

For children between 6 months and under 5 years of age, 68% of caregivers (167 out of 247) reported that their children have received two or more vaccine doses (no matter which vaccines) and 26% (63 out of 247) have received one vaccine dose according to their age, while only 4% (11 out of 247) have not received any vaccine.

For infants under 6 months of age, among reported health-related humanitarian needs in the last 15 days, 60% of caregivers (21 out of 35) indicated a need for medical attention or medication and 37% of caregivers (13 out of 35) indicated a need for vaccination services. Among health-related humanitarian aid received in the last 15 days, 8 out of 17 caregivers reported medical attention or medication, while 7 out of 17 caregivers reported receiving vaccination services.

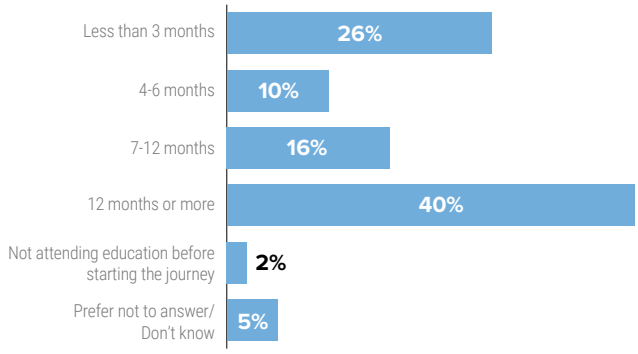
For children between six months and under five years of age, among reported health-related needs in the last 15 days, 36% of caregivers (90 out of 247) reported needing medical attention or medication and 11% (26 out of 247) reported needing vaccination services.

Among health-related humanitarian aid received by children in the last 15 days, 32% of caregivers (48 out 150) reported receiving medical attention or medication and 7% (11 out of 150) reported receiving vaccination services.

Child education

40% of caregivers reported that children and adolescents between 6 and 17 years of age were not attending school for more than one year (N=412).

Percentage of families with children aged 6-17 years by last attendance of education



In this 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[20].

Forty percent (166 out of 412) of caregivers reported that children and adolescents between 6 and under 18 years of age had not attended formal education since more than one year ago, 16% (66 out of 412) had last attended between 7 months and 1 year ago, 10% (43 out of 412) between 4 and 6 months ago, and 26% (105 out of 412) less than 3 months ago. Instead, two percent (10 out of 412) reported that children and adolescents were not attending formal education before starting the journey.

Among education-related needs of children and adolescents between 5 and under 18 years of age in the last 15 days, 32% of caregivers (136 out of 427) reported a need for access to educational temporary spaces and non-formal learning, and 17% (71 out of 427) reported needing the delivery of educational materials for the rest of the journey.

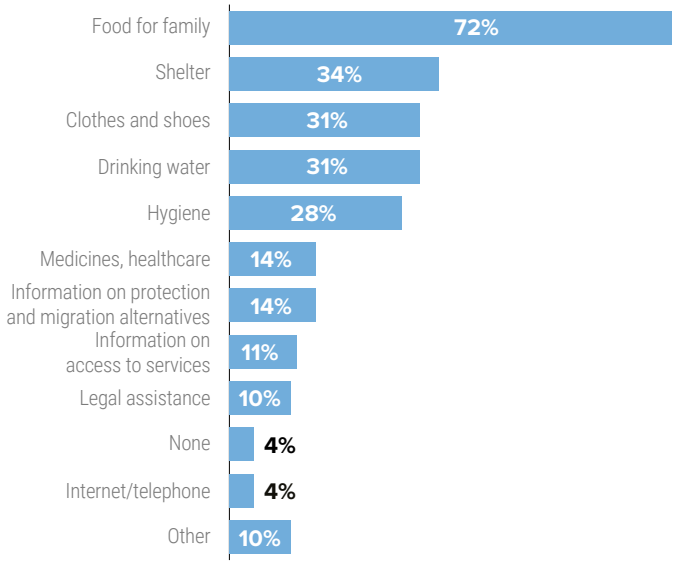
Regarding education-related humanitarian aid received in the last 15 days, 16% of caregivers (41 out of 150) reported accessing to educational temporary spaces and non-formal learning, and 11% (28 out of 150) reported the delivery of educational materials for the rest of the journey.

[19] Information about the number of vaccine doses is gathered through a direct question, without checking the vaccination card.

[20] 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. 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=412).

MAIN NEEDS

Main needs (current top 3)



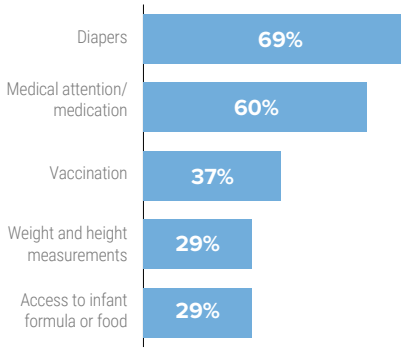
72%

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

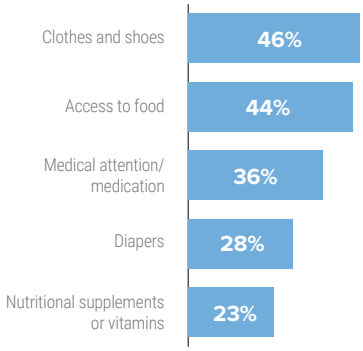
The closure and downsizing of many assistance services on the route – due in part to the humanitarian funding crisis and the decrease in movements – means that respondents' most basic needs are now more pressing.

Main needs of children

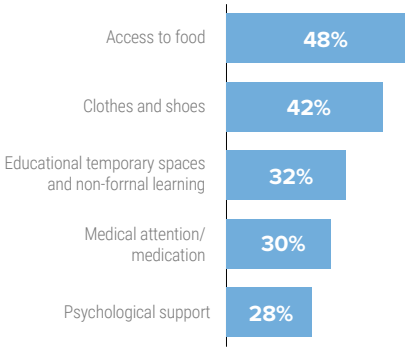
Main needs of infants under 6 months of age (N=35), top 5



Main needs of children aged 6 months to 5 years (N=247), top 5



Main needs of children and adolescents between 6 and 17 years of age (N=427), top 5



This quarter, questions on humanitarian aid received in the last 15 days were collected for the first time for all age groups: infants under six months, children aged six months to under five years, and children and adolescents aged five to under 18 years.[21]

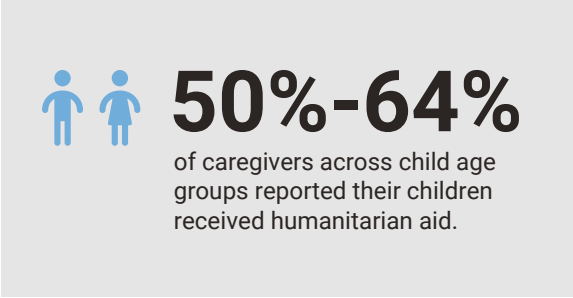
For infants under 6 months of age, the most frequent needs reported by caregivers are diapers (69%, 24 out of 35), followed by medical attention or medication (60%, 21 out of 35) and vaccination (37%, 13 out of 35).

For children between six months and under five years of age, 46% of caregivers (113 out of 247) reported clothes or shoes, 44% (108 out of 247) access to food, and 36% (90 out of 247) medical attention or medication.

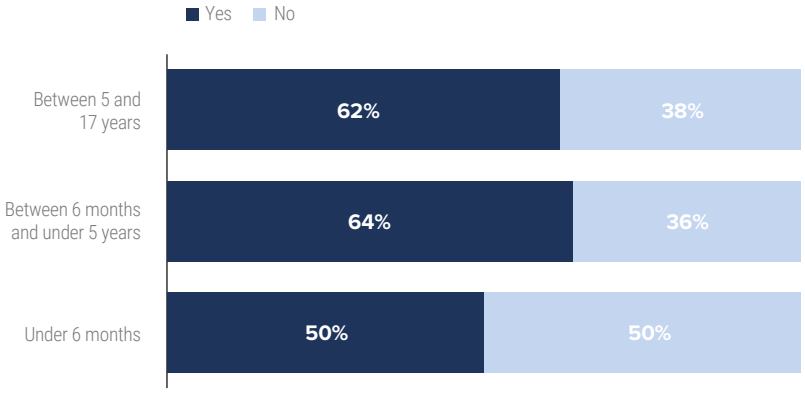
For children or adolescents between five and under eighteen years of age, 48% of caregivers (205 out of 427) reported access to food, 42% (178 out of 427) clothes and shoes, followed by 32% (136 out of 427) who reported access to educational temporary spaces and non-formal learning, 30% (128 out of 427) medical attention or medication, and 28% (121 out of 427) psychological support.

[21] In previous quarters, the question on child needs was asked about one infant under 6 months of age and one child or adolescent between 6 months and 17 years, the latter considered all together as a single age group. In this quarter, the latter is split in two age groups matching the ones of other indicators, namely children between 6 months and under 5 years of age, and children and adolescents between 5 and under 18 years of age. In particular, these separate age groups of main needs then allows the matching with humanitarian aid services received for each age group.

Humanitarian assistance received by children



Humanitarian assistance received by children and adolescents in the last 15 days, by age group (N=669)

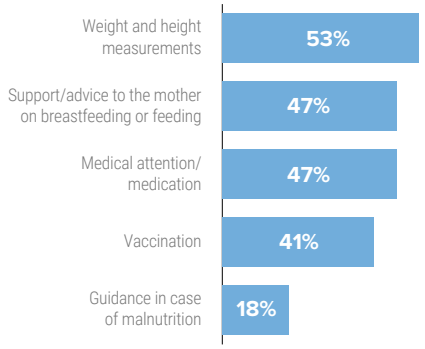


In this quarter, for the first time since monitoring began, questions about humanitarian aid received by children in the last 15 days were collected for each age group, namely infants under 6 months, children between six months and under five years, and children or adolescents between 5 and under 18 years[22].

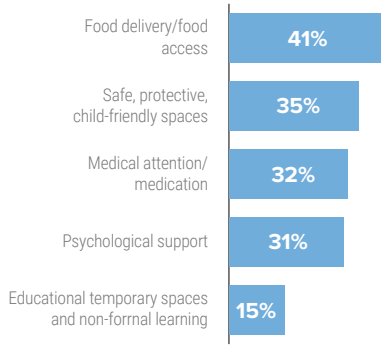
For infants under 6 months of age, only half of the caregivers (50%, 17 out of 34) reported that have received humanitarian aid, while for children between six months and under five years of age and between five and under eighteen years of age, the percentage of caregivers who reported that the children have received humanitarian aid is similar, 64% (150 out of 235) and 62% (249 out of 400) respectively.

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

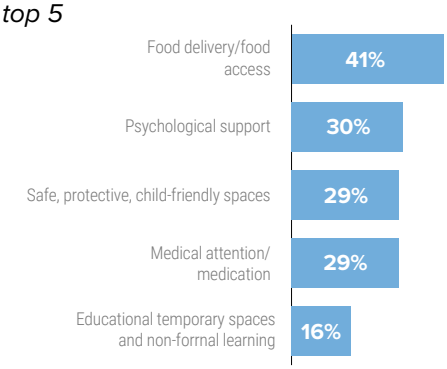
Type of assistance received by infants under 6 months of age (N=17), top 5



Type of assistance received by children between 6 months and under 5 years of age (N=150), top 5



Type of assistance received by children and adolescents between 5 and under 17 years of age (N=249), top 5



For infants under 6 months of age, the most frequent humanitarian aid received, as reported by caregivers, was evaluation of nutritional status through weight and height measurements (9 out of 17), support to mother on infant's breastfeeding and medical attention or medication (both 8 out of 17), and vaccination (7 out of 17).

For children between six months and under five years of age, 41% of caregivers (61 out of 150) reported access to food, 35% (52 out of 150) safe, protective and child-friendly spaces, 32% (48 out of 150) medical attention or medication, and 31% (46 out of 150) psychological support.

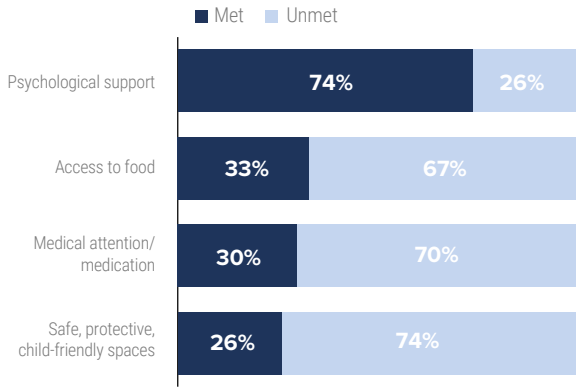
For children between five and under eighteen years of age, 41% of caregivers (102 out of 249) reported access to food, 30% (75 out of 249) psychological support, 29% (72 out of 249) access to safe, protected and child-friendly spaces, and 29% (71 out of 249) medical attention or medication.

Since this quarter, most response options of humanitarian aid received in different child age groups correspond precisely to a need. This makes it possible to determine, based on up to three main needs expressed, whether the same type of humanitarian assistance was received and to calculate how many needs were met versus unmet[23].

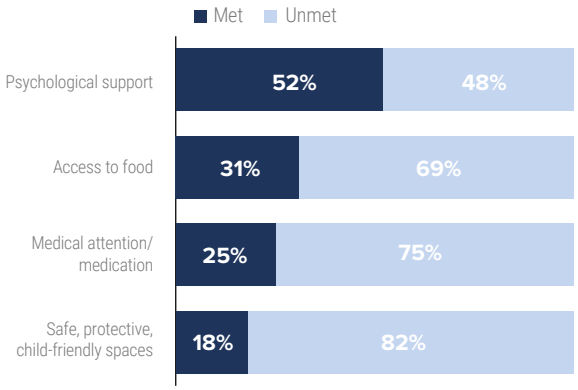
[22] This quarter, for the first time since monitoring began, the age group between 5 and under 18 years of age was also covered by the question of humanitarian aid received. Such question, in each age group, was asked only to respondents that expressed any need of the child in the corresponding age group.

[23] The denominator reflects the number of respondents who selected a specific need. The numerator counts those who reported receiving aid corresponding to the need as "Yes", while "No" those who did not. Respondents may not recall all needs or services received in the past 15 days. Moreover, needs that were already satisfied because the corresponding aid was received may also be less likely to be remembered or reported since are not current. For these reasons, the list of needs and aid is not considered complete, and results should be interpreted with caution. Finally, not every need has a corresponding aid category and vice versa. The following needs and types of aid without a direct match were excluded from the analysis, even when 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.

Needs of children between 6 months and under 5 years of age, sorted by top 4 met



Needs of children and adolescents between 5 and under 18 years of age, sorted by top 4 met



Overall there are good coverage levels around 50% or more of psychological support, and around 18-33% in both child age groups for safe, protective, child-friendly spaces, medical attention or medication, and access to food.

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