



**International Journal of Migration and Border Studies**

ISSN online: 1755-2427 - ISSN print: 1755-2419

<https://www.inderscience.com/ijmbs>

---

**The border is always changing: a mixed-methods study of resilience among migrant serving organisations in the USA and Mexico**

Sahai Burrowes, Sarah Sullivan, Rebeca Cazares, Josie Hunt, Grace Hwang

**DOI:** [10.1504/IJMB.2025.10071523](https://doi.org/10.1504/IJMB.2025.10071523)

**Article History:**

Received:	10 April 2024
Last revised:	17 January 2025
Accepted:	27 January 2025
Published online:	04 June 2025

---

## **The border is always changing: a mixed-methods study of resilience among migrant serving organisations in the USA and Mexico**

---

**Sahai Burrowes\* and Sarah Sullivan**

Public Health Program,  
Touro University California,  
1310 Club Drive,  
Vallejo, CA 94592, USA  
Email: sburrowe2@touro.edu  
Email: ssulliva2@touro.edu  
\*Corresponding author

**Rebeca Cazares**

Joan B. Kroc Institute for Peace and Justice,  
University of San Diego,  
5998 Alcalá Park,  
San Diego, CA 92110, USA  
Email: mcazaresadame@sandiego.edu

**Josie Hunt**

Joint Master of Science in Physician Assistant  
Studies and Master of Public Health Program,  
Touro University California,  
1310 Club Drive, Vallejo, CA 94592, USA  
Email: jhunt@touro.edu

**Grace Hwang**

Public Health Program,  
Touro University California,  
1310 Club Drive,  
Vallejo, CA 94592, USA  
Email: ghwang@student.touro.edu

**Abstract:** Migrant serving organisations (MSOs) play a crucial role in maintaining migrants' well-being but little is known about how those working on the US-Mexico border cope in this volatile setting and manage crises. Our mixed-methods study examined MSO resilience to recent crises such as COVID-19 and changing asylum policies. We recruited MSOs for an online survey (n = 40) and in-depth interviews (n = 15), thematically analysed interview transcripts, and calculated resilience scores. Crises harmed planning, disrupted cross-border services, and prompted burnout. Impact on funding and

staffing was mixed. MSOs coped by restructuring and increasing external collaboration, drawing on their networks, participatory leadership, lean structures, and staff's moral conscience. MSOs reported high resilience and maintained services during crises. Weaknesses were a lack of crisis recovery plans, resources to absorb change, and information for responding to crises. We saw little evidence that organisations anticipated or embedded lessons learned from crises, suggesting priority areas for support.

**Keywords:** migration; migrant serving organisations; organisational resilience; border; USA; Mexico.

**Reference** to this paper should be made as follows: Burrowes, S., Sullivan, S., Cazares, R., Hunt, J. and Hwang, G. (2025) 'The border is always changing: a mixed-methods study of resilience among migrant serving organisations in the USA and Mexico', *Int. J. Migration and Border Studies*, Vol. 9, No. 5, pp.1–28.

**Biographical notes:** Sahai Burrowes is an Associate Professor at Touro University California's Master of Public Health Program and Chair of the Program's Global Health Concentration. Her research aims to improve services for stigmatised populations and health conditions in low-income countries during periods of health system crisis and expansion. She studies how informal health system actors, such as community health workers and non-governmental organisation staff, interact and share tasks with formal health system actors to provide respectful care and the impact of these interactions on health system capacity. She has over a decade of field experience managing and providing technical assistance to public health programs in southern and eastern Africa. She has a Master of Arts in Law and Diplomacy degree from the Fletcher School at Tufts University and a PhD in Health Policy from the University of California Berkeley.

Sarah Sullivan is a global public health professional and educator at the Touro University California Public Health program. Her research focuses on research ethics in low- and middle-income countries, migrant health, human resources for health, and maternal-child newborn health. She has over 20 years of global health experience working in Mozambique, Angola, East Timor, Bangladesh, Bolivia and Mexico for organisations such as CARE International, USAID, and WHO. She has a Master of Science in International Cross-Cultural Nursing and a Master of Public Health (MPH), speciality in Maternal Child Health and International Health, from the University of California, San Francisco, and the University of California, Berkeley.

Rebeca Cazares is a Medical Doctor with a Master's degree in Public Health from the Autonomous University of Baja California Mexico. She is currently the Director of Cross-Border Initiatives at the Joan B. Kroc Institute for Peace and Justice at the University of San Diego. Her work focuses on migration, human rights and community efforts to end cycles of violence at the US-Mexico border.

Josie Hunt is an Assistant Professor and the Associate Program Director for Touro University California's Joint MSPAS/MPH Program. Josie is dedicated to serving and advocating for under-resourced communities, as evidenced by her past and current clinical practice positions, as well as the recruitment and teaching of future physician assistant and public health students who share the passion of the Program's mission. She is committed to building a healthcare workforce that better represents and understands the diverse populations it serves.

Grace Hwang is a third-year student in the dual Doctor of Osteopathic Medicine and Master of Public Health programs at Touro University California, with a concentration in Global Health. She has extensive experience in global health and humanitarian efforts, having served as a Peace Corps volunteer and participated in the Continuing Promise 2015 Humanitarian Mission, where she assisted in providing medical and dental care to underserved communities across a dozen partner countries. Grace is dedicated to improving healthcare access for vulnerable populations and has contributed to several projects focused on addressing healthcare disparities in underserved regions. She served as a research assistant on this project.

This paper is a revised and expanded version of a paper entitled ‘Assessing the resilience of humanitarian organizations working with migrant communities along the United States-Mexico border: a mixed methods study’ presented at the American Public Health Association Annual Meeting and Expo, Boston, MA, 6–9 November 2022.

---

## **1 Introduction**

Migration is one of our time’s most pressing humanitarian challenges. In 2022, approximately 281 million people were displaced from their homes, accounting for 3.6% of the global population (World Migration Report, 2021). As growing numbers of men, women, and children flee their homes due to persecution, conflict, violence, human rights violations, and climate change-induced natural disasters, they increasingly travel along dangerous ‘migration corridors’, arriving at borders exhausted, traumatised and in need of support and direction (World Migration Report, 2021; Global Trends, n.d.). The US-Mexico border has seen growing numbers of international migrants fleeing regional crises in Haiti, Mexico, Central America, and Venezuela, as well as conflict further afield, such as those in Afghanistan and Ukraine (Council on Foreign Relations, 2024). The scale of these population movements and the often hostile, confusing, and uncoordinated response from the US and Mexican Governments have led to a human rights crisis along the border in which millions of vulnerable people remain in sub-standard, sometimes squalid conditions lacking adequate housing, nutrition, security, or social support (Garrett, 2020; Inter-American Commission on Human Rights, 2013).

### *1.1 The role of migrant serving organisations*

Community, faith-based, and international migrant-serving organisations (MSOs) along the US-Mexico border have stepped into this breach to provide health care, social services, trauma counselling, and legal aid, among other services to migrants (Altman et al., 2021). MSOs operate in particularly challenging environments as providing services on the border is demanding, unpredictable, chronic and politically fraught (International Federation of Red Cross and Red Crescent Societies, n.d.). The flow of people needing urgent assistance is rapidly changing, as are policies governing this arena. Burnout and organisational failures are persistent threats in this environment. Given the acute shocks and chronic challenges these organisations have faced recently and the

central role they play in maintaining migrants' health and well-being, we set out to assess their resilience and understand their coping mechanisms.

To research this question, we focused on three major challenges that organisations faced over the past decade: the COVID-19 pandemic, the changing immigration and asylum policies in the USA and Mexico, and the changing number and composition of migrant populations along the border.

## 1.2 *Organisational resilience*

We used a health systems organisational resilience framework to guide our research (Lee et al., 2013). Resilience in health systems refers to organisations' capacity to 'prepare for and effectively respond to crises', reorganising if necessary, drawing on lessons learned while maintaining and strengthening core functions (Kruk et al., 2015; Duchek, 2020). Resilient and flexible organisations that can adapt to and plan for unexpected situations are vital for supporting and maintaining healthy communities (Kruk et al., 2015). Definitions of organisational resilience differ by academic discipline and the literature on the topic is characterised by fragmentation and ambiguity about the parameters of the concept. Nevertheless, there is a growing consensus that resilience in organisations means more than simply the ability to cope with unexpected threats while maintaining normal functions. It encompasses the ability to *adapt* to and *capitalise* on crises, emerging stronger than before (Duchek, 2020).

We adopt an approach increasingly used by organisational scholars, to study resilience as a dynamic set of capabilities, each tied to a different crisis stage (Darkow, 2019; Duchek, 2020; Hollands et al., 2024). In this conception, resilience develops in the stages of:

- 1 *anticipating* threats and planning for them prior to a crisis
- 2 *coping* with unexpected events by implementing solutions for specific problems during a crisis
- 3 *adapting* after a crisis by learning and developing new capabilities (Lengnick-Hall et al., 2011; Duchek et al., 2020).

The factors theorised to be associated with resilience vary depending on the conceptualisations of resilience. In the capabilities-focused conceptualisations that our study adopts, organisational resilience is theorised to be positively influenced by having a broad and varied *knowledge* of internal and external environments; abundant *resources* – e.g., time, finances, personnel; strong *social ties* – e.g., broad networks, long-standing social relationships, open, trusting organisational cultures; and non-hierarchical organisational *power structures* based on 'expertise and shared responsibilities' that facilitate responsiveness (Duchek, 2020).

The empirical literature on organisational resilience for the non-profit sector is relatively thin, as scholars have primarily focused on developing theoretical frameworks and concepts (Kruk et al., 2017; Barasa et al., 2018; Hollands et al., 2024). Empirical studies from Europe, Africa, and Asia on organisations facing acute shocks (e.g., natural disasters, disease outbreaks and financial crises) have supported the theoretical capabilities framework, highlighting financial resources, preparedness planning, information management, leadership/governance, collaborative social networks, and embedding lessons learned from failures as factors influencing organisational resilience

(Hassall et al., 2014; Barasa et al., 2018). We could find no similar studies on MSOs that focused on resilience specifically, and few that addressed how organisations coped with chronic rather than acute challenges, an acknowledged shortfall in the literature (Barasa et al., 2018). The handful of MSO-focused studies that describe organisations' experiences during crises have underscored the importance of cultivating networks of trust and drawing on pre-existing trusted relationships and shared experiences, both internally and externally as important tools for withstanding and growing from crises (Benson et al., 2022; Krüger et al., 2024).

Studying MSOs is important because they are vital components of the migrant support infrastructure along the US-Mexico border where they fill a critical gap in government service delivery. Learning how they adapt and change successfully is crucial for developing initiatives and interventions to strengthen and maintain their resilience and creating frameworks for monitoring the impact of these interventions (Matlin et al., 2018).

## **2 Methods**

### *2.1 Research question and study design*

We carried out a cross-sectional, concurrent, mixed-methods study of MSOs along the US-Mexico border. We had three research questions aimed at understanding how resilient these organisations have been in the face of multiple, complex, unpredictable, and ongoing crises:

- How well do MSOs working along the US-Mexico border currently score on measures of organisational resilience?
- What were the perceived impacts of changing asylum policies, COVID-19, and increasing migrant numbers on the functioning of these organisations?
- What external factors or internal behaviours have inhibited or facilitated organisational adaptation to meet these threats?

### *2.2 Sampling strategy and inclusion/exclusion criteria*

To answer the study questions, the research team fielded an online organisational survey and conducted in-depth interviews with managers and staff at MSOs. All non-profit MSOs in the four US border states (California, Arizona, New Mexico, and Texas) and the six Mexican border states (Baja California, Chihuahua, Coahuila, Nuevo León, Sonora, and Tamaulipas) that were involved in humanitarian service delivery, including education and legal support and assistance, for migrants during the 2012-2022 time-period were eligible for inclusion in this study. Respondents had to be over the age of 18 and have worked in the organisation for six months or longer.

As there were no comprehensive lists of non-profit MSOs operating on the border, the research team developed its own sampling frame of 150 organisations by searching databases, conference proceedings, grey literature, organisation websites, and social media. All 150 organisations were asked via phone, email, and social media direct messages to participate in the survey. Respondents were asked to forward the survey to

other potential organisations or to suggest other organisations for us to contact (snowball sampling). All survey respondents were asked if they were also willing to be interviewed for the study.

### 2.3 *Data collection*

The research team collected quantitative and qualitative data over a 10-month period from May 2022 to February 2023.

#### 2.3.1 *Online survey – short form Benchmark Resilience Tool*

Our team developed and pre-tested a 53-item online survey, available in Spanish and English, that contained questions on demographics, organisational characteristics, the impact of recent crises and a validated 13-item short-form version of Lee et al.'s Benchmark Resilience Tool (BRT) (Lee et al., 2013; Whitman et al., 2013) and its validated-Spanish translation (Gonçalves et al., 2019). The BRT contained Likert-scale questions on the organisations' adaptive capacity and planning strategies.

#### 2.3.2 *In-depth interviews*

The research team developed a semi-structured interview guide based on a review of the literature and our research questions. The interview guide was developed in English and translated into Spanish by our bilingual research coordinator. The interviews were conducted with senior managers and staff from organisations using this semi-structured interview guide, which contained questions on service provision, coping strategies, partnerships forged, and internal changes made to policies and processes. Members of the research team carried out interviews in Spanish or English via Zoom<sup>TM</sup>, which were audio recorded with consent.

The research study protocol was approved by the Touro University California IRB (#PH-0322) in March 2022. To ensure confidentiality, all research participant and organisational information was de-identified before analysis. All respondents provided written consent to participate in the study.

### 2.4 *Data analysis*

We report overall descriptive statistics (frequencies, means, standard deviations) of the survey data. We created an overall resilience score by dichotomising the 8-point Likert scale BRT items into high and low agreement categories. Respondents with strong agreement to scale items (8 or 7 on the Likert scale) were categorised as high agreement. All other responses were assigned to a 'moderate or low agreement' category. We used this strategy because the BRT item responses were highly skewed, with almost no respondents selecting strongly disagree (1 or 2 on the Likert scale). The summary BRT score could range from 0 (if respondents had low or moderate agreement with all items) to 13 if respondents had high agreement with all BRT statements.

The automated transcription service, SONIX<sup>TM</sup>, was used to transcribe interview audio recordings into text. The interviews in Spanish were first transcribed, and then transcripts were translated into English for analysis. The research team read all transcripts multiple times to develop codebooks, which were then refined during the research team's

bi-weekly meetings. The team used a mix of deductive and inductive coding in this analysis. The deductive coding was guided by Kruk et al.'s (2017) resilient health system framework and our research questions. The project investigators then organised codes into themes and assessed patterns between themes and their quality, boundaries, and coherence. The final step in our analysis involved triangulating qualitative and quantitative data to inform our interpretation of the findings.

### 3 Results

#### 3.1 Sample characteristics

Most of the organisations that responded to our survey (54%) had been in operation for ten years or fewer (see Table 1). Approximately a quarter were located in Baja California (26%); Arizona had the second largest number of respondents (23%), followed by Texas, with 15%. Most organisations operated in multiple sectors. The most frequently reported sector was healthcare, including mental health (with 45% of organisations surveyed), shelter (35%), legal aid (30%), and food services (30%). Nine of the surveyed organisations (23%) were faith-based. Our interview respondents were primarily male (53%) and in managerial or leadership positions (73%).

**Table 1a** Survey respondents characteristics (n = 40)

	<i>n</i>	%
Organisation's state*		
Baja California	10	26%
Arizona	9	23%
Texas	6	15%
California	3	8%
New Mexico	3	8%
Sonora	3	8%
Chihuahua	2	5%
Tamaulipas	2	5%
Coahuila	1	3%
Organisation age*		
0–3 years	7	18%
4–9 years	14	36%
10–49 years	17	44%
Over 50 years	1	3%
Area of organisational activity**		
Health/mental health assistance	18	45%
Shelter/housing assistance	15	38%
Legal aid	12	30%
Food and water assistance	12	30%
Educational services	8	20%

Notes: \*This question had missing observations.

\*\*Respondents could choose more than one area of activity.



**Table 1a** Survey respondents characteristics (n = 40) (continued)

	<i>n</i>	%
Lobbying/advocacy for policy change	7	18%
LGBTQ+ support services	6	15%
Employment/labour assistance	3	8%
Language or translation services	3	8%
Gender-based violence support services	3	8%
Other area	3	8%
Faith-based organisation	9	23%

Notes: \*This question had missing observations.

\*\*Respondents could choose more than one area of activity.

**Table 1b** Interview respondents characteristics (n = 15)

	<i>n</i>	%
Gender		
Women	6	40%
Men	8	53%
Non-binary	1	7%
Position in organisation		
Director	6	40%
Coordinator	2	13%
Manager	5	33%
Volunteer	1	7%
Treasurer	1	7%

### 3.2 *Organisational resilience*

Our respondents' mean organisational resilience score was 8.4 points (std. dev., 3.34) out of a possible 13 points (see Table 2). The mean score for planning capacity items was 3.1 (std. dev, 1.3) out of a possible five points, while the mean score for adaptive capacity items was 5.3 (std. dev., 2.3) out of a possible eight points. There was no significant difference in resilience scores between organisations based in Mexico or the USA, between younger and older organisations, or between larger and smaller organisations. While the overall scale and the adaptive capacity subscale performed adequately, with a Cronbach's alpha of 0.75, and 0.77 respectively, the planning subscale had low reliability (alpha=0.44).

**Table 2** Benchmark resilience tool scores

<i>BRT score</i>	<i>Mean</i>	<i>Std. dev.</i>	<i>Min</i>	<i>Max</i>
Planning capacity	3.1	1.3	0	5
Adaptive capacity	5.3	2.3	0	8
Total score	8.4	3.3	0	13

Most respondents strongly agreed or agreed with BRT statements (see Table 3). Almost all agreed that their organisation had managers who lead by example (91%), built relationships with other organisations (84%), were mindful of potential crises (84%), had a sense of teamwork (81%), had managers who actively listen for problems (80%), and had people who own problems until they are resolved (79%).

**Table 3** Benchmark resilience tool item response

<i>BRT items</i>	<i>Obs.</i>	<i>Col %</i>
<b>PLANNING</b>		
We are mindful of how a crisis could affect us		
Moderate to low agreement	6	16%
High agreement	32	84%
We believe emergency plans must be practised & tested		
Moderate to low agreement	12	32%
High agreement	25	68%
We are able to shift rapidly from business-as-usual		
Moderate to low agreement	10	26%
High agreement	28	74%
We build relationships with organisations		
Moderate to low agreement	6	16%
High agreement	32	84%
We have crisis recovery plans that provide direction		
Moderate to low agreement	26	76%
High agreement	8	24%
<b>ADAPTIVE CAPACITY</b>		
There is a sense of teamwork and camaraderie in our organisation		
Moderate to low agreement	7	19%
High agreement	30	81%
Our organisation maintains sufficient resources to absorb some unexpected change		
Moderate to low agreement	19	50%
High agreement	19	50%
People in our organisation ‘own’ a problem until it is resolved		
Moderate to low agreement	8	21%
High agreement	30	79%
Staff have the information and knowledge they need to respond to an unexpected problem		
Moderate to low agreement	17	46%
High agreement	20	54%

Note: The number of observations may not sum to 40 due to missing responses.

**Table 3** Benchmark resilience tool item response (continued)

<i>BRT items</i>	<i>Obs.</i>	<i>Col %</i>
Managers in our organisation lead by example		
Moderate to low agreement	3	9%
High agreement	32	91%
Staff are rewarded for ‘thinking outside the box’		
Moderate to low agreement	11	32%
High agreement	23	68%
Our organisation can make tough decisions quickly		
Moderate to low agreement	8	22%
High agreement	29	78%
Managers actively listen for problems		
Moderate to low agreement	7	20%
High agreement	28	80%

Note: The number of observations may not sum to 40 due to missing responses.

The BRT items with the lowest scores were the statements regarding having crisis recovery plans. Only 24% of respondents strongly agreed that their organisation had these. Only half (50%) reported that their organisation maintains sufficient resources to absorb unexpected change, and almost half (46%) were in either low or moderate agreement with the statement that the staff in their organisation had the information and knowledge needed to respond to unforeseen problems.

### 3.3 *Organisation impact of external threats*

We asked survey respondents how the three major external challenges they faced over the past decade – COVID-19, changing migration/asylum policies, and the changing numbers and composition of migrants – affected their organisations’ function (see Table 4). Overall, the challenges had the most negative impact on the organisations’ ability to plan services. The plurality of respondents reported that the challenges had a negative impact on their ability to serve clients and recruit and retain staff.

While most respondents reported that changing policy and migrant numbers positively affected their ability to coordinate services with other organisations, they reported that the impact of the COVID-19 pandemic was negative. Surprisingly, the plurality of respondents’ reported that the three external challenges had a *positive* impact on their organisation’s ability to raise funds and no impact on the ability to monitor and evaluate projects. We found no significant difference in the reported impact of the three external threats by organisational age, location, or size.

**Table 4** Impact of external crises on organisational capacity

	<i>Changing policies</i>		<i>COVID-19</i>		<i>Changing migrants</i>	
	<i>Obs.</i>	<i>Col %</i>	<i>Obs.</i>	<i>Col %</i>	<i>Obs.</i>	<i>Col %</i>
Ability to serve your clients						
Negative impact	9	26%	17	46%	18	51%
Positive impact	17	50%	14	38%	10	29%
No impact	8	24%	6	16%	7	20%
Ability to hire and retain staff						
Negative impact	13	39%	13	36%	13	38%
Positive impact	8	24%	12	33%	7	21%
No impact	12	36%	11	31%	14	41%
Ability to raise funds						
Negative impact	8	24%	12	34%	5	15%
Positive impact	17	52%	15	43%	15	45%
No impact	8	24%	8	23%	13	39%
Ability to plan your services						
Negative impact	15	42%	16	44%	18	51%
Positive impact	15	42%	12	33%	11	31%
No impact	6	17%	8	22%	6	17%
Ability to coordinate with partners						
Negative impact	7	21%	15	42%	7	21%
Positive impact	16	47%	12	33%	19	56%
No impact	11	32%	9	25%	8	24%
Ability to monitor and evaluate program performance						
Negative impact	10	29%	4	11%	8	23%
Positive impact	9	26%	15	41%	12	34%
No impact	16	46%	18	49%	15	43%

### 3.4 Interview themes

Three overarching themes and several sub-themes emerged from our analysis (see Table 5). The first and major theme centred on the *organisational impact of the threats*, with a related theme explaining the internal and external *coping strategies* organisations employed to address these impacts. The third theme described respondent's discussions of the *characteristics that constrained or facilitated this coping* with the sub-themes of *resources, institutionalisation and collective conscience*.

**Table 5** Theme definitions

<i>Themes</i>	<i>Definition</i>	<i>Sub-themes</i>
Impact of threats	The consequences to the organisation due to major challenges	<ul style="list-style-type: none"> <li>• Demand for services</li> <li>• Safety</li> <li>• Difficulty planning</li> <li>• Disrupted cross-border communication and activities.</li> <li>• Burnout</li> </ul>
Coping strategies	Modifications to the organisation or its parts that make it a better fit for existence in its environment	<ul style="list-style-type: none"> <li>• Internal adaptations</li> <li>• External adaptations</li> </ul>
Constraints and facilitators	Characteristics that limit or enable organisational adaptations	<ul style="list-style-type: none"> <li>• Resources</li> <li>• Institutionalisation</li> <li>• Collective conscience</li> </ul>

### 3.4.1 Theme 1: organisational impact of threats

#### 3.4.1.1 Demand for services

Respondents from organisations on both sides of the border cited the enactment of new migration policies, such as the public health emergency declared for COVID-19 (Title 42) and the Migrant Protection Protocols (MPP), as events that greatly affected the flow of migrants to their organisations. The changing policies affected both the number of migrants coming to the border, their length of stay at the border, and the number of migrants who were returned over the border and denied the right to seek asylum. This, in turn, changed the services that migrants needed from organisations. Our respondents consistently noted that changing policies and the COVID-19 pandemic resulted in migrants becoming ‘stuck’ for long periods and that larger numbers of static migrants created the demand for more and different kinds of programs.

Definitely, Title 42 and MPP were big because that obviously changed the total number of people that are just waiting in Nogales, and it changed the length of time that they were waiting, and it created a lot of uncertainty around the asylum process and how long things are going to take and where people were going to live if they were going to be living in Nogales long term...I think, in general, the length of stays have been longer. And so, there’s been a build-up of migrants that are using these facilities and they’re staying for a longer time. (Director\_03, USA)

The impact of changing policies varied among organisations. For example, changing policies led to new and increased flows of people in certain geographic areas and reduced flows in others. Title 42 increased client load for some organisations because it created new settlements and a need for longer-term services. However, policies that led to border closures also limited access to clients for some organisations in the USA, reducing or redirecting workload.

MPP Hits. People stop coming. Pandemic hits and further slows the flow or not that people stop coming, but people stop being allowed through. Right? And so, for most of 2020, it was sort of like all of that work went dormant or no, all of that work was shifted to south of the border. So, the sheltering on this side went dormant. But a lot of the resources and the time went to supporting the shelters and in our case in Ciudad Juarez and in trying to get books to the kids over there, hygiene kits. ...I think [we were] responsible for putting electricity in one of the shelters. So, all of that shifted southward. (Manager\_08, USA)

### *3.4.1.2 Safety*

Respondents also described the negative impact changing policies had on asylum seekers' safety and well-being. For example, a US non-governmental organisation (NGO) worker spoke of seeing a dramatic rise in deaths from migrants desperately trying to cross the border through dangerous desert routes because changing policies had closed safer routes.

It's horrible. And the number of deaths, the number of people dying in the desert just I think last year was, may have been the worst ever. (Volunteer\_10, USA)

There were also concerns related to the safety of MSO staff as well. This respondent describes the precarious safety situation along the border.

It's not safe...particularly if you are a migrant then you're more vulnerable because the organised crime sees you as another form of income for them....they [migrants] tend to[be]invisible...so there is a lot of impunity and the organised crime is targeting the migrants and they basically have the monopoly on who gets to cross [the border] .... Like we are facing insecurity, we're right there at the ... Nogales border. So, we know that the organised crime is there. We used to think ...we were safe. That the criminals, even though they target the migrants, and we are serving the migrants, they have like some sort of respect for our organisation or a faith-based organisation. But then you learn about what happened to these two Jesuit priests... So, I don't know. It felt kind of like close. (Manager\_09, USA)

### *3.4.1.3 Difficulty planning*

Participants from MSOs on the Mexican side of the border noted that changing US migration policy altered Mexican authorities' immigration practices. Participants described these policy changes as rapid and unpredictable and stated consistently that this continuous shifting of policies, seemingly at random, made it difficult for them to plan appropriate services for clients and to develop long-term strategies for their organisations.

Well, I think that number one [challenge] is the US immigration policies and how they are externalising, controlling our policies in Mexico. And so how this is actually affecting the population that we are serving. And that is changing, not even from a month to the other, but from a week to the other. ... It's definitely a challenge to try to keep up with all this. As you are trying to develop a strategy, you're trying to plan ahead of time like how you're going to face these challenges. And all of a sudden it's a whole different scenario than the one that you were planning for. So that's definitely been difficult. (Manager\_09, USA)

#### 3.4.1.4 *Disrupted cross-border communication and activities*

Organisations working along the border operate under the assumption that the staff and the resources they need can cross the border easily. The COVID-19 pandemic and changing policies greatly disrupted the ability to move across the border and, as a result, reduced the organisations' resources and capacity to serve, particularly on the Mexican side of the border. Many MSO workers and volunteers in Mexico were unable to travel or freely cross the border, which led to difficulty obtaining donations and maintaining binational collaborations.

Well, the volunteers that are going to Mexico, that number has greatly been greatly reduced. The pandemic is really, really, really put a halt on the number of volunteers. Like we used to have a lot of a lot more volunteers going to Nogales, Sonora. (Volunteer\_10, USA)

As we reported in the discussion of survey results, many US-based MSOs saw either no change in funding or an increase in funding due to policy changes and the COVID-19 pandemic. However, the pandemic and policy changes also made it difficult for organisations to get supplies to the Mexican side of the border, where most refugees were delayed waiting for asylum due to Title 42.

We were able to raise money a lot quicker than we were able to get the equipment that we needed over the border and approved [by] customs. (Regional Director\_07, USA)

Although our survey found no significant differences between MSOs in Mexico and the US in reports of reduced funding, in the interviews, respondents from Mexican organisations more consistently reported that COVID and the changing policies resulted in reduced funding and a lack of resources necessary to provide services.

We continued working in one way or another, we continued to provide services, perhaps in a lesser way. Much more limited, it can be said, because there weren't many resources. Then you had to do more with less. (Coordinator\_02, Mexico)

#### 3.4.1.5 *Burnout*

A consistent and strongly expressed theme that emerged from discussions of recent the challenges was the intense psychological toll they took on the organisations' staff. Study participants talked about the burnout and poor mental health they and others experienced because of their work and their continuous exposure to trauma and suffering.

There are times when I feel tired and discouraged. With a big weight. Always listening and from seeing so much suffering and from also seeing how the lack of sensitivity of the governments and everything we already know, in addition to all the violence, well, it is always there. (Manager\_06, Mexico)

During the pandemic, many experienced extremely difficult working conditions. This was due in part to the pressures of serving a larger number of people with reduced staff, volunteers, and resources. But importantly, many respondents noted that their burnout resulted from juggling these increased work responsibilities while also coping with personal hardship, their own illnesses, deaths, and illnesses in their families.

My brother was intubated, it impacted me emotionally ... I could not even read my emails, I did not have the concentration to answer or to take any kind of meeting. I was always very distracted. And I was just trying to concentrate on doing what I always know how to do, which is to coordinate efforts and listen to people. (Director\_01, Mexico)

### *3.4.2 Theme 2: coping strategies*

A significant theme in interview responses involved the strategies MSOs used for coping with changing circumstances. Respondents noted the unpredictability of the border environment and the necessity of flexibility and speed in working in such an environment.

I mean, like, we had no way to predict the crisis.... All of our programs need to be able to quickly pivot to the next emergency, just like in a bigger picture kind of way, like the past few years. It just feels like it's crisis after crisis.... stuff happening on top of everything else and just learning how to pivot and have programs that are really mobile. (Treasurer\_11, USA)

Organisations demonstrated this flexibility by changing their structures and operations internally and by externally adapting the way they interacted with their clients and other organisations.

#### *3.4.2.1 Internal changes*

A common internal organisational adjustment to the increased workloads, hostile policy environments, and disruption of routines was to place increased emphasis on the psychological health of their staff. Organisations implemented measures to improve staff morale and mental health, such as allowing staff to leave early once a week, instituting team lunches, and developing 'self-care' and mental health care team-building activities for staff.

We leave every Friday afternoon at 14:00. It is very good. We even authorised a calendar with self-care days that include, in addition to non-working and official days. About six or seven extra days, including, for example, Mother's Day Celebrations that are part of humanity, part of being human. And we call those self-care days. (Director\_01, Mexico)

These initiatives were necessary not only for helping staff cope mentally with the stress and workload changes brought about by COVID-19 but also for protecting them against the *physical* threats brought about by the hostile political environment.

And we just sort of tried to offer our volunteers, our folks, training on everything from, like, protecting yourself and your identity online to like, physical self-defence and de-escalation and things that you might need if you're, like, out at a protest. (Treasurer\_11, USA)

Organisations also changed internally by formally *restructuring* staffing and changing decision-making processes to meet new needs. A common change involved promoting junior staff and giving them increased responsibility or new tasks.



But when all of a sudden, we said, you're going to teach dance classes.... You're going to manage the class via Google Classroom. .... All of a sudden, that dance instructor who never saw herself as more than just a dance instructor... Now she's managing a whole program in a totally different way that's changed her capacity. (Director\_03, USA)

Organisations that could, shifted to remote work due to the COVID-19 pandemic. This shift was challenging, particularly for volunteer-based organisations that relied on a sense of camaraderie to bond and motivate teams.

Well, I believe that one of the biggest challenges was to adjust ourselves to a new work model, because we had an in-person work which was very strong, very dynamic. ... So, changing our style to a remote model, I think that has been one of the great challenges and to be able to maintain this dynamic with the volunteers so that they continue to be interested in volunteering with us, because we depend a lot on the work of volunteers. (Manager\_06, Mexico)

### 3.4.2.2 *External changes*

Externally, one of the most common adjustments that MSOs made involved building coalitions and increasing coordination with other organisations. We repeatedly heard that organisations formed referral networks and shared resources more intensively with partners in response to external threats.

Another way that we fixed this pandemic challenge is that ... we started to expand our ties with the communities in Tijuana, but also here on the border. We are looking for other groups that are here, that are Mexican, and we are trying to create coalitions between these groups so that we can collaborate and support each other. And that has been a lifesaver, I think for us, but also for the other groups we work with. (Coordinator\_13, Mexico)

Collaboration also helped MSOs to resist the temptation to expand their scope and instead prioritise and specialise in their area of expertise. In this way, the sub-theme of collaboration was closely related to the adaptation sub-theme of service expansion versus focusing on an area of expertise. Some organisations expanded and added services to meet these changing needs. However, most, particularly those on the US side of the border, decided to remain focused on their core mission. They 'kept their heads down' and used collaboration and networking to offset the pressure to expand services. Because of this, in both the survey results and interviews, we find a theme of collaboration increasing in response to crises.

I think one way it [COVID-19] kind of has affected us is just in general helping to define our scope, like our scope is specifically medical care and it's not our expertise and these other groups that can. So, it has definitely helped to you know, it has helped us enforce our own limitations to have other people who are meeting those other needs. (Regional Director\_07, Mexico)

For the organisations that did expand services, expansion occurred mainly in response to the changing flow of migrants because new migrant communities had different needs. As one respondent noted, "receiving a Haitian is not the same as receiving someone from Russia" (Coordinator\_04, Mexico). This US manager also noted the need to develop new workflows for the increasing diversity of clients.

These new parolee programs, first the Afghan parolee program and now the Ukrainian parolee program are just sort of changing the way that we've been able to do things because it's new documentation, new statuses, new requirements on our end. (Manager\_12, USA)

The impact of changing policies on the ability to access clients or move them through the asylum system also prompted service expansion and changes to service delivery. For example, new longer-term services were needed for clients now 'stuck' on the Mexican side of the border due to Title 42. Different strategies had to be employed for clients who, due to policy changes, could only be reached electronically.

As you know, these policies also caused people to remain here for longer periods of time in very precarious conditions, which also led us to strengthen these humanitarian aid programs, to look for funds to be able to meet these needs and to focus on them as well. To provide support and attention to the shelters, for example, on the one hand, that is, to strengthen and improve their capacities. Manager\_06, Mexico

### *3.4.3 Theme 3: constraints and facilitators*

The third group of themes that emerged from interviews concerned the factors and strategies that constrained or facilitated organisational coping.

#### *3.4.3.1 Resources*

When describing how they were able to adapt to the external challenges, interviewees from MSOs on both sides of the border prided themselves on their ability to provide services to the migrants arriving on their doorsteps even though they had few resources. Participants described their organisations as 'lean', 'tough', and 'thick-skinned': able to thrive under great stress with limited budgets.

We're still a fairly small organisation from a budget standpoint... And because we're pretty lean, we're able to kind of change quickly and adapt quickly. We don't have like huge systems that would need to be changed...The cost of our programs is kind of low enough that I think we were able to kind of rebuild our program and invest a lot of time and energy into developing new practices without it levelling our budget, ...And so ... our survival was somewhat based on the leanness of the organisation. (Director\_03, USA)

Although organisations took pride in this 'scrappiness', they were aware of the magnitude of their clients' needs compared to the available funding to support their services, as reiterated here by a Regional Director in Mexico:

I mean, obviously, the work we do is a challenge to accomplish. We're trying to provide a service in an area that is resource-limited. And the magnitude of the need is far greater than what we can provide. (Regional Director\_07, Mexico)

As highlighted in the survey results, there was little consensus on the impact that COVID-19, changing policies, and changing migrant numbers had on organisational finances. Some organisations reported increases in funding because of these events, while others saw decreases. However, while perceptions of the impact on funding varied, respondents were consistent in noting the *volatility* of funding and its sensitivity to fickle

media attention, as constraints on their ability to adapt and plan for future threats. This director explains the funding climate for his organisation:

Funding, well, funding goes with people's attention, right? When stuff like that happens, and people are like, ... hey, you know, there's this pandemic coming, and these people all live in tents in the park next to each other with like no sanitary conditions. Like... that draws a lot of attention ... a lot of funding when something like the US pulling out of Afghanistan or the invasion of Ukraine happens. There's a lot of funding for those things, but suddenly, nobody's interested in Mexico. (Regional Director\_07, Mexico)

US Government COVID-19 funding to provide testing, treatment and vaccines sustained many US MSOs during the pandemic, but these federal funds abruptly stopped in March 2022. This manager at a US organisation tells this story:

We had to make a decision are we going to stay? Are we going to go? Because once that [COVID-19] funding was over, we weren't prepared as a nonprofit, you know, we weren't a nonprofit at that point. We didn't have a plan in place for a transition. So we had to react....we had to cut back quite a bit on operations and staffing. (Manager\_05, USA)

In addition to finances, the way MSOs structured their human resources also affected their ability to adapt. Volunteers sustained many of the MSOs, and as noted above, the COVID-19 pandemic and other threats limited MSOs' ability to employ volunteers in their cross-border work. The leanness of MSOs and their reliance on volunteers also limited their ability to take advantage of new opportunities created by the pandemic and policy changes. For example, in this quote, we see an organisation's lack of human resources causing it to miss an opportunity to have dedicated personnel to support migrants in the US.

And we don't have any staff, obviously. We have volunteer attorneys .... But there was a moment where ...there were campaigns to have universal representation through like the Public Defender's Office for Immigrant Families going in immigration court. And we didn't really push that here, like I think it was a capacity issue. We just didn't have the people power to do it. I feel like that moment has kind of passed, and we'll never, I don't know... I kind of doubt we'll ever have the opportunity again to get that. (Treasurer, \_11, USA)

### 3.4.3.2 *Institutionalisation*

Related to the sub-theme of funding and resources was a consistent thread concerning institutionalisation and formalisation, and their role in the long-term sustainability of MSOs. Respondents repeatedly stated their organisation's lack of institutionalisation, formal legal status, and procedures and policies, constrained their ability to carry out current operations and maintain their organisation's long-term sustainability. Lack of official legal status was particularly burdensome for smaller MSOs, as in this example:

Since the documents could not be issued exactly as they needed for us to make [their]donations tax deductible, then these companies were like, 'no, I'm not going to donate,'...Some didn't want to provide support because they were not so sure about our paperwork. (Director\_15, Mexico)

Becoming a formal NGO was important but MSOs struggle with bureaucratic formalities. At this organisation, the manager describes the challenges of becoming a more formal and sustainable institution.

So we're trying to figure out how to turn our organisation from a small nonprofit of desperately committed individuals who are providing ... a creative emergency response type service to a larger, more stable, more sustainable employing organisation that is providing a long-term set of services, a variety of different services, and that can weather kind of the changing storms of federal policy. (Manager\_08, USA)

One of the factors that assisted organisations in adapting to external uncertainties and challenges was their use of 'transition management' approaches to leadership in which stakeholders were invited to participate in visioning the organisations' path forward and encouraged to experiment with changes and to learn through this experimentation. This approach was largely reactive, ad hoc, and done by trial and error, but it enabled organisations to creatively face their challenges and provide needed services. For example, here, a manager describes how her organisation is maturing with pluralistic leadership to face crises.

I think that we are turning into a really great organization. Really and truly a mature organization and truly an organization that promotes pluralistic leadership. And that's something that gave us the maturity to go through the pandemic. (Diretor\_01, Mexico)

### *3.4.3.3 Collective conscience*

Perhaps the strongest facilitator of resilience among the MSOs we studied was their intense commitment to and sense of solidarity with the people they served. Respondents felt that they were part of a community of MSOs that needed to work together to meet shared goals. This sense of solidarity and collective work informed the organisations' internal management style as well as their external relations.

Collaborative work is one of our strengths.... So it's this sort of mapping we have of different actors and organisations and the alliances or collectives we have that have allowed us to make all of these very important referrals [to other services] throughout these years. So, we work as a team with many other organisations .... we are part of committees, we coordinate collectives [of organisations that provide services]. (Coordinator\_02, Mexico)

This director shares her organisation's sense of conscience, which she deemed as more effective for service provision compared to following established norms and practices.

A lot of the sort of common-sense things of having stable funding, ... like, clearly vetting your partner ...having very established, you know, norms and practices. ... don't work as well in the [MSO] context...It does sort of speak to the strength and the grit and the resilience that comes from people who genuinely believe in what they're doing right, people who genuinely feel that this may not be the perfect way to do it, but there is a need....And just that kind of conviction and that sort of servant's heart and that willingness to dedicate right, like years of very hard, painful, painful work to this to serve our brothers and sisters. (Manager\_08, USA)

Many respondents felt that collaborative networks and their organisations, in particular, were the last hope of migrants in their community, and if they did not ‘hold the line’ to provide help, no one else would. Their work was seen as vital. This quote from a manager in Mexico is an example of the theme of commitment and solidarity that was present in almost all interviews.

I believe it is the conscience that we have of the importance of the work we do, and what it means for migrants. And it’s like the consciousness that the migrants, they are in a [situation of] institutional helplessness, and we know that if the organisations do not do something, nobody is going to do anything for them, and so I think that motivates us to always be looking for how to be able to help or assist them better or give a kind of relief... (Manager\_06, Mexico)

## 4 Triangulation and conclusions

Our study set out to examine the resilience of humanitarian organisations serving migrants along the US-Mexico border in the face of three major challenges: COVID-19, unstable immigration asylum policies, and changing flows of migrants to the border. Both the survey and interviews suggest that these crises had significant impacts on organisations’ ability to serve migrant populations and collaborate with other organisations. Working along the border requires the ability to obtain resources and support migrating people, and both the pandemic and changing policies severely altered the cross-border flow of people and resources. The crises also had strong negative effects on the workloads and mental well-being of staff, a finding that is commonly reported in studies of the impact of COVID-19 on organisations (Cravero et al., 2024; Corbaz-Kurth et al., 2022).

### 4.1 *Organisational resilience capabilities*

Despite external threats, study MSOs were resilient. In interviews, our respondents said that they were able to meet organisational objectives and maintain and even expand core services in the face of unprecedented challenges. Of the three stages of organisational resilience – anticipation, coping, and adapting (Duchek, 2020) – discussed above, we found the most evidence of creative coping. Planning capacity (anticipation) was weak in both our qualitative and quantitative analyses and while several organisations developed new capacities during the crises, organisational learning was not a strong theme in the data.

#### 4.1.1 *Planning capabilities*

A lack of planning and a reliance on reactive adaptation to challenges emerged as an overarching theme of our interviews. We found no evidence that MSOs had anticipated or planned for the threats they encountered. This may be due to the feeling, echoed in recent studies of MSOs in Europe, that crisis was a constant, and that their challenge was sustaining response in face of chronic, unpredictable threats. This understanding of external environments raises a question about the utility of resilience frameworks premised on assumption of acute external shocks (Krüger et al., 2024).

Both our quantitative BRT scores and respondents' discussions of their experiences in interviews suggest that planning capacity among MSOs is lower than adaptive capacity. This is in contrast to other studies of formal healthcare organisations in Europe using the BRT that found relatively high planning capacity (Gonçalves et al., 2019). While BRT planning items also performed poorly in a US healthcare study and in a study of Lithuanian public sector organisations (Lane et al., 2022; Butkus et al., 2023), the lack of planning capacity in our sample was striking, with fewer than a quarter of MSOs saying they had plans that provided direction in a crisis. Our organisations' relatively poor performance on planning capacity makes intuitive sense given their relatively small size and young age, which may limit the resources available for planning and the institutional knowledge of its importance.

Unfortunately, the ongoing crises at the US-Mexico border may exacerbate these planning difficulties. Both survey and interview data suggest that ongoing crises, particularly changing policies, make planning difficult. The literature on organisational resilience also suggests that crises increase the complexity of operational environments in terms of costs, bureaucracy, and logistics, further decreasing the time available for long-term planning and reflection (Blanchet et al., 2017).

#### *4.1.2 Coping capabilities*

The foundation of resilience in study MSOs was their ability to accept and make sense of their changing reality and develop and implement creative solutions to address it. We found that organisations coped by changing internal structures and service delivery strategies, drawing on the commitment and the participatory, voluntary nature of their staffing to improvise and pivot quickly. In addition to internal adaptations, most organisations coped by increasing external collaboration. This latter finding is in keeping with studies of NGOs and MSOs highlighting collaboration as an important mechanism for leveraging scarce resources, knowledge, new perspectives, and networks (Krüger et al., 2024; Mitchell et al., 2015; Lind et al., 2008).

Scholars of organisations term coping strategies that involve creative improvisation of short-term solutions such as those we see in study MSOs 'bricolaging' (Krüger et al., 2024; Kendra and Wachtendorf, 2003; Weick, 1993). Such improvisation is considered essential for emergency response in crisis situations (Mendonca et al., 2001). This is in contrast to longer-term strategies one of which is engaging in 'brokerage' and 'bridging' activities – connecting partner organisations to each other or linking clients to other organisations (Krüger et al., 2024; Lind et al., 2008). While we found no evidence of organisations taking on brokerage roles, many adopted bridging as a coping strategy, increasing activities to link migrants to existing services offered by other organisations.

In Krüger et al.'s (2024) framework, the choice of using bricolaging versus bridging tactics to support migrants reflects the MSO's social, governmental, and economic context. So, for example, bricolaging may be adopted more frequently in situations where there are few formal bureaucratic structures, or laws to support migrants, while bridging occurs in settings with larger settled migrant populations and more robust bureaucratic support systems that make linking migrants to existing services feasible. Organisational coping in our study was characterised largely by bricolage with bridging somewhat more pronounced in larger organisations and those on the US side of the border, in keeping with the framework. Further research is needed to test this promising framework as a tool for understanding MSO coping strategies.

### 4.1.3 *Adaptation capabilities*

The resilience of study MSOs lay primarily in their ability to respond quickly to challenges. Organisations seemed to make changes as they went along, with little reflection, learning or longer-term strategising. We also found very little evidence of large-scale structural change noted as a key adaption capability in our resilience framework (Duchek, 2020). Few organisations mentioned the lessons learned from the crises they endured. However, some of the shorter-term organisational pivots we witnessed such as remote work and collaboration on migrant referrals were being adopted as new ways of doing business and we note that the strong coping response builds a foundation for longer-term change (Duchek, 2020).

## 4.2 *Drivers of resilience*

The factors that drive resilience in our study conform well to those laid out in the capability-based conceptualisation of organisational resilience as well as the wider literature (Duchek, 2020). Both the survey and interview data suggest that resilience among our study organisations stemmed primarily from dedicated staff, open, participatory managerial cultures, external collaboration, and lean organisational structures, which enabled MSOs to pivot quickly to respond to change and take advantage of opportunities. These findings are in line with resilience factors established in the theoretical and empirical literature (Krüger et al., 2024; Hollands et al., 2024; Benson et al., 2022; Duchek, 2020; Cravero et al., 2024; Barasa et al., 2018). We note that these are exclusively ‘software’ factors based on individual capacity, motivation, and leadership style rather than ‘hardware’ factors such as equipment, infrastructure, and financial resources, which are also theoretically important for resilience (Duchek, 2020; Kendra and Wachtendorf, 2003; Nyikuri et al., 2015). These results lend support to arguments that ensuring staff engagement and commitment to shared goals can be as important as staff numbers in determining organisational resilience (Ager et al., 2015; Barasa et al., 2018; Walker et al., 2014).

### 4.2.1 *Knowledge*

Knowledge is theorised to be a key resilience factor, and in our case, knowledge of the community developed from being deeply embedded within it emerged as an organisational strength in our interviews.

### 4.2.2 *Financial resources*

Financial resources were not consistently harmed by the three crises under investigation. Instead, both survey and interview results suggest that the crises had a negligible or positive impact on funding. Stable or increasing funding may have helped organisations to sustain services despite harsh political conditions. We found no evidence that organisations with more resources were better able to weather crises. This is in contrast to our theoretical framework and previous studies in the private sector that highlight the importance of resources in building resilience (Duchek, 2020; Kendra and Wachtendorf, 2003). Our findings regarding finances are in line with observation that humanitarian relief organisations often receive increased governmental funding during emergencies (Fearon, 2018). However, the relevance of this observation for MSOs, particularly those

in Mexico, is questionable because government funds comprise a negligible proportion of their budgets (Altman et al., 2021). Our findings might also be explained by organisations being used to working with very lean budgets as our respondents reported. Even with funding increases, our respondents report that funding *volatility* remains a significant barrier to continued service delivery and sustainable growth, particularly for organisations along the Mexican side of the border. In addition in our survey data, only half of respondents said that their organisation had the resources needed to absorb change, a common finding in organisations undergoing crises (Bernstein et al., n.d.; Butkus et al., 2023; Cravero et al., 2024).

#### *4.2.3 Social resources*

Perhaps the area of greatest concordance between our findings and the literature is the importance our participants place on their social resources – their social capital – as something that enables them to remain resilient. Trust and embeddedness in communities has been found to be crucial drivers of resilience in both the theoretical and empirical literature (Benson et al., 2022; Krüger et al., 2024; Lengnick-Hall et al., 2011). In our study, trust and openness were facilitated by the MSO's open organisational structures and were embodied in a sense of collective conscience that respondents told us allowed them to endure hardships and work creatively. While trust and solidarity support resilience, organisations may not be able to rely on them during severe crisis as the impact of trust on leadership potential has been shown to decrease during these periods (Hasel, 2013).

#### *4.2.4 Power structures*

Theorists have long held that decentralisation, self-organisation, shared decision-making, and open organisational cultures facilitate resilience by allowing flexibility to respond to threats (Duchek, 2020; Lengnick-Hall et al., 2011; Weick, 1993). MSOs in our study echoed these sentiments. They thought their open organisational culture and their adoption of transition management strategies helped them to remain nimble and responsive. Previous studies of MSOs report similar observations (Krüger et al., 2024; Benson et al., 2022). While this open power structure seems a critical strength of MSOs on the border, our participants note that it is in tension with the need for greater resources and institutionalisation.

### *4.3 Policy implications*

#### *4.3.1 Planning support*

Our findings suggest that managerial and organisational assistance to MSOs along the US-Mexico border should focus on supporting their planning capacity (particularly the capacity for strategic and long-term planning) and sharing organisational lessons learned from crises. Given the continued intensity of political debate concerning migration in the USA, organisations may particularly need support in developing contingency plans for future border closures and policy changes. As resilience was characterised by strong leadership, staff commitment, and open organisational cultures, our findings suggest that



workshops, retreats, and tools to support leaders and their staff may also be appropriate interventions.

#### *4.3.2 Financial support*

Although our quantitative data suggested that recent crises had no consistent negative impact on organisations' resources, one of the lowest scoring items on the BRT was resource-related and challenges with regard to volatile funding streams emerged as a sub-theme in the qualitative data. There is an urgent need to develop a coordination system and infrastructure to support MSOs, which that constitute an integral part of Mexico's humanitarian ecosystem. Our findings suggest that MSOs, particularly those in Mexico, might benefit from support to obtain steadier, longer-term funding streams. For smaller MSOs, the observed challenge of institutionalisation suggests that funding support should be small-scale, discretionary, with modest reporting requirements, and training to both address their weak institutionalisation and preserve the characteristics such as flexibility, trust, and open organisational structure that facilitate their resilience.

#### *4.3.3 Networking support*

Organisations should be supported to continue collaboration and networking with other MSOs as this emerged as a vital resilience strategy. Given the small size and limited budgets of these MSOs, it may be difficult for individual organisations to actively monitor their environment for threats, develop plans and strategies, and summarise the lessons from events. This work may be best conducted by an umbrella network body or larger international MSO. Such a body could also assist these small, young organisations to transition to more formal structures while retaining the speed in responsiveness and solidarity that are their strengths. Further research is needed with border MSOs to determine how such networking bodies should be constituted and organised. Larger, international MSOs, which were infrequently mentioned by our study participants, or academic institutions, which were mentioned in a New York study of MSOs, may be a useful asset in convening these networks (Cravero et al., 2024).

#### *4.3.4 Mental and physical safety support*

Finally, our findings on the themes around burnout and security threats suggest that mental health support, as well as security/crisis plans, might be helpful for MSOs. Supporting cross-border networking and collaboration may indirectly prevent burnout by building a sense of solidarity and comradery and by helping organisations to resist the pressure to expand services beyond their capacity. As supporting migrants is a multisector, challenge, many actors must contribute at multiple administrative levels, highlighting the need for coordination and communication amongst MSOs, the state, and other stakeholders (Garkisch et al., 2017).

#### *4.3.5 Geographical context*

Our findings and policy suggestions may be more applicable to MSOs working in areas with a long history of cross-border traffic than those on newer migration routes. Several of the organisational adaptations and facilitating factors that we found may be shaped by the unique context in large cities on the Mexican-US border. The deep economic

integration and long history of regular daily cross-border travel in areas such as Tijuana; the large, established migrant populations in border cities such as San Diego, and the existing governmental and non-governmental migrant support bureaucratic structures in these areas may have facilitated adaptations such as networking, shifting to remote work, and organisational restructuring noted in our study. For example, several of the organisations we surveyed had offices on both sides of the border, helping them to move work responsibilities and manage disruptions in the flow of resources and supplies during crises. Further qualitative case study work focusing on the different MSO border contexts (urban, rural, established crossings, refugee camp, etc.) may provide us a clearer picture of how these organisations operate and the support they need to thrive. Studies of the impact of new border walls that isolate MSOs and disrupt the fluid nature of border areas would also be useful (Vallet, 2022).

#### *4.4 Limitations, strengths, and concluding remarks*

##### *4.4.1 Limitations*

Several study limitations should be considered when interpreting our results, the most important of which are our modest sample size and the lack of a representative sample. For example, the organisations in our study may have been unusually young: 54 % of survey respondent organisations were less than 10 years old, compared to an estimated 37% of organisations in our sampling frame. We also had a higher proportion of Mexican organisations among our survey respondents (47%) compared with our sampling frame (31%). Our small sample size limited our ability to conduct statistical analysis on the organisational-level factors associated with resilience and this lack of statistical power may explain the lack of association we found between BRT resilience scores and organisational characteristics when examining survey data. In addition, our convenience sampling strategy may have resulted in only the most resilient organisations responding to our survey and may have omitted smaller, grassroots organisations that have a limited online presence. A study to map border MSOs might be useful for future research although such mapping could prove ethically challenging in the fraught political and security climate along the border.

Our resilience measurement tool also has limitations. We chose the shortform BRT as our quantitative resilience measure because it had been previously used in international settings and had a validated Spanish-language translation (Gonçalves et al., 2019). However, only a handful of recent peer-reviewed studies report shortform BRT scores and these often contain modifications such as adding additional sub-scale items (Butkus et al., 2023). The lack of consistent BRT use in the literature, and our need to modify score calculations to account for skewed data makes comparisons between our scores and others challenging although we do attempt to compare the trends in scores, noting differences and similarities. Our findings suggest the need to validate this tool with non-governmental and migrant serving organisations.

Finally, because we collected retrospective data, we were not able to assess resilience in real time, and our findings may be subject to recall bias.

#### 4.4.2 Strengths and conclusions

Our study's strengths include the collection of data from a wide range of organisations and the use of a mixed methods study design that enabled us to quantitatively measure resilience while gathering rich qualitative data on the experiences and perceptions of organisation staff. Our findings were shared with all survey participants for their feedback and approval. To our knowledge, our study is the first to examine organisational resilience in MSOs on the US-Mexico border. Our calculated resilience score estimates, and the organisation experiences we describe provide a foundation for planning future research with these organisations. We hope our findings will contribute to the nascent study of organisational resilience in the humanitarian sector and increase our minimal knowledge of how MSOs working in harsh conditions adapt and thrive.

#### References

- Ager, A.K., Lembani, M., Mohammed, A., Ashir, G.M., Abdulwahab, A., De Pinho, H., Delobelle, P. and Zarowsky, C. (2015) 'Health service resilience in Yobe state, Nigeria in the context of the Boko Haram insurgency: a systems dynamics analysis using group model building', *Confl. Health*, Vol. 9, p.30, <https://doi.org/10.1186/s13031-015-0056-3>.
- Altman, C., Chavez, S. and Lowrey, K. (2021) 'Non-governmental organizations in Tijuana, Mexico serving deported migrants from the United States', *Frontera Norte*, Vol. 33, pp.1–34, <https://doi.org/10.33679/rfn.v1i1.2148>.
- Barasa, E., Mbau, R. and Gilson, L. (2018) 'What is resilience and how can it be nurtured? A systematic review of empirical literature on organizational resilience', *Int. J. Health Policy Manag.*, Vol. 7, pp.491–503, <https://doi.org/10.15171/ijhpm.2018.06>.
- Benson, O.G., Routte, I., Walker, A.P.P., Yoshihama, M. and Kelly, A. (2022) 'Refugee-led organizations' crisis response during the COVID-19 pandemic', *Refuge: Canada's Journal on Refugees*, Vol. 38, pp.62–77, <https://doi.org/10.25071/1920-7336.40879>.
- Bernstein, H., González, J., Gonzalez, D. and Jagannath, J. (n.d.) *Immigrant-Serving Organizations' Perspectives on the COVID-19 Crisis*.
- Blanchet, K., Nam, S.L., Ramalingam, B. and Pozo-Martin, F. (2017) 'Governance and capacity to manage resilience of health systems: towards a new conceptual framework', *Int. J. Health Policy Manag.*, Vol. 6, pp.431–435, <https://doi.org/10.15171/ijhpm.2017.36>.
- Butkus, M., Rakauskiene, O.G., Volodzkiene, L., Stasiukynas, A., Bartuseviciene, I. and Darenyte-Kacileviciene, L. (2023) 'Organizational resilience assessment in Lithuania's public sector', *EJES*, Vol. 14, pp.31–56, <https://doi.org/10.47743/ejes-2023-0102>.
- Corbaz-Kurth, S., Juvet, T., Benzakour, L., Cereghetti, S., Fournier, C-A., Moullec, G., Nguyen, A., Suard, J-C., Vieux, L., Wozniak, H., Pralong, J., Weissbrodt, R. and Roos, P. (2022) 'How things changed during the COVID-19 pandemic's first year: a longitudinal, mixed-methods study of organisational resilience processes among healthcare workers', *Safety Science*, Vol. 155, p.105879, <https://doi.org/10.1016/j.ssci.2022.105879>.
- Council on Foreign Relations (2024) *Crossing the Darién Gap: Migrants Risk Death on the Journey to the U.S.* [online] <https://www.cfr.org/article/crossing-darien-gap-migrants-risk-death-journey-us> (accessed 11 January 2023).
- Cravero, K., Hobbs, L.A., Figueroa, E.M. and Romero, D. (2024) 'Supporting organizations to improve migrants' access to health services in New York City', *Journal of Migration and Health*, Vol. 10, p.100249, <https://doi.org/10.1016/j.jmh.2024.100249>.
- Darkow, P.M. (2019) 'Beyond 'bouncing back': towards an integral, capability-based understanding of organizational resilience', *Journal of Contingencies and Crisis Management*, Vol. 27, pp.145–156, <https://doi.org/10.1111/1468-5973.12246>.

- Duchek, S. (2020) 'Organizational resilience: a capability-based conceptualization', *Bus. Res.*, Vol. 13, pp.215–246, <https://doi.org/10.1007/s40685-019-0085-7>.
- Duchek, S., Raetzke, S. and Scheuch, I. (2020) 'The role of diversity in organizational resilience: a theoretical framework', *Bus. Res.*, Vol. 13, pp.387–423, <https://doi.org/10.1007/s40685-019-0084-8>.
- Fearon, J.D. (2018) '2. The rise of emergency relief aid', in Barnett, M. and Weiss, T.G. (Eds.): *Humanitarianism in Question*, pp.49–72, Cornell University Press, <https://doi.org/10.7591/9780801461538-004>.
- Garkisch, M., Heidingsfelder, J. and Beckmann, M. (2017) 'Third sector organizations and migration: a systematic literature review on the contribution of third sector organizations in view of flight, migration and refugee crises', *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, Vol. 28, <https://doi.org/10.1007/s11266-017-9895-4>.
- Garrett, T.M. (2020) 'COVID-19, wall building, and the effects on migrant protection protocols by the Trump administration: the spectacle of the worsening human rights disaster on the Mexico-U.S. border', *Administrative Theory & Praxis*, Vol. 42, pp.240–248, <https://doi.org/10.1080/10841806.2020.1750212>.
- Global Trends* (n.d.) UNHCR US [online] <https://www.unhcr.org/us/global-trends> (accessed 11 January 2023).
- Gonçalves, L., Navarro, J.B. and Sala, R. (2019) 'Spanish validation of the Benchmark Resilience Tool (short-form version) to evaluate organisational resilience', *Safety Science*, Vol. 111, pp.94–101, <https://doi.org/10.1016/j.ssci.2018.09.015>.
- Hasel, M.C. (2013) 'A question of context: the influence of trust on leadership effectiveness during crisis', *M@n@gement*, Vol. 16, pp.264–293, <https://doi.org/10.3917/mana.163.0264>.
- Hassall, M.E., Sanderson, P.M. and Cameron, I.T. (2014) 'Industry perspectives on organisational resilience', Presented at the *RISK 2014 Conference*, Brisbane, QLD, Australia.
- Hollands, L., Haensse, L. and Lin-Hi, N. (2024) 'The how and why of organizational resilience: a mixed-methods study on facilitators and consequences of organizational resilience throughout a crisis', *The Journal of Applied Behavioral Science*, Vol. 60, pp.449–493, <https://doi.org/10.1177/00218863231165785>.
- Inter-American Commission on Human Rights (2013) *Human Rights of Migrants and Other Persons in the Context of Human Mobility in Mexico*, Inter-American Commission on Human Rights, Washington.
- International Federation of Red Cross and Red Crescent Societies (n.d.) *Smart Practices that Enhance the Resilience of Migrants*, International Federation of Red Cross and Red Crescent Societies.
- Kendra, J.M. and Wachtendorf, T. (2003) 'Elements of resilience after the World Trade Center disaster: reconstituting New York City's Emergency Operations Centre', *Disasters*, Vol. 27, pp.37–53, <https://doi.org/10.1111/1467-7717.00218>.
- Krüger, D., Ravid, M., Chodorkoff, L., Fogelman, T., Lebuhn, H. and Cohen, N. (2024) 'Migrant-serving organizations and urban citizenship-making in times of crisis: Copenhagen, Berlin and Tel Aviv compared', *Citizenship Studies*, Vol. 28, pp.363–383, <https://doi.org/10.1080/13621025.2024.2371299>.
- Kruk, M.E., Ling, E.J., Bitton, A., Cammett, M., Cavanaugh, K., Chopra, M., El-Jardali, F., Macauley, R.J., Muraguri, M.K., Konuma, S., Marten, R., Martineau, F., Myers, M., Rasanathan, K., Ruelas, E., Soucat, A., Sugihantono, A. and Warnken, H. (2017) 'Building resilient health systems: a proposal for a resilience index', *BMJ*, No. j2323, <https://doi.org/10.1136/bmj.j2323>.
- Kruk, M.E., Myers, M., Varpilah, S.T. and Dahn, B.T. (2015) 'What is a resilient health system? Lessons from Ebola', *The Lancet*, Vol. 385, pp.1910–1912, [https://doi.org/10.1016/S0140-6736\(15\)60755-3](https://doi.org/10.1016/S0140-6736(15)60755-3).

- Lane, S.J., Spaulding, T.J., Hege, A. and Sugg, M. (2022) 'Self-reported resilience of North Carolina long-term care organizations and public health agencies in the midst of the COVID-19 pandemic', *International Journal of Disaster Risk Reduction*, Vol. 82, p.103371, <https://doi.org/10.1016/j.ijdrr.2022.103371>.
- Lee, A.V., Vargo, J. and Seville, E. (2013) 'Developing a tool to measure and compare organizations' resilience', *Natural Hazards Review*, Vol. 14, pp.29–41, [https://doi.org/10.1061/\(ASCE\)NH.1527-6996.0000075](https://doi.org/10.1061/(ASCE)NH.1527-6996.0000075).
- Lengnick-Hall, C.A., Beck, T.E. and Lengnick-Hall, M.L. (2011) 'Developing a capacity for organizational resilience through strategic human resource management', *Human Resource Management Review, International Human Resource Management: Theoretical and Strategic Advances*, Vol. 21, pp.243–255, <https://doi.org/10.1016/j.hrmr.2010.07.001>.
- Lind, B.E., Tirado, M., Butts, C.T. and Petrescu-Prahova, M. (2008) 'Brokerage roles in disaster response: organisational mediation in the wake of Hurricane Katrina', *International Journal of Emergency Management*, Vol. 5, pp.75–99, <https://doi.org/10.1504/IJEM.2008.019908>.
- Matlin, S.A., Depoux, A., Schütte, S., Flahault, A. and Saso, L. (2018) 'Migrants' and refugees' health: towards an agenda of solutions', *Public Health Rev.*, Vol. 39, p.27, <https://doi.org/10.1186/s40985-018-0104-9>.
- Mendonca, D., Beroggi, G.E.G. and Wallace, W.A. (2001) 'Decision support for improvisation during emergency response operations', *International Journal of Emergency Management*, Vol. 1, pp.30–38, <https://doi.org/10.1504/IJEM.2001.000507>.
- Mitchell, G.E., O'Leary, R. and Gerard, C. (2015) 'Collaboration and performance: perspectives from public managers and NGO leaders', *Public Performance & Management Review*, Vol. 38, pp.684–716, <https://doi.org/10.1080/15309576.2015.1031015>.
- Nyikuri, M., Tsofa, B., Barasa, E., Okoth, P. and Molyneux, S. (2015) 'Crises and resilience at the frontline – public health facility managers under devolution in a sub-county on the Kenyan coast', *PLoS ONE*, Vol. 10, p.e0144768, <https://doi.org/10.1371/journal.pone.0144768>.
- Vallet, É. (2022) *The World Is Witnessing a Rapid Proliferation of Border Walls*, <https://www.migrationpolicy.org/article/rapid-proliferation-number-border-walls> (accessed 12 September 2024).
- Walker, B., Nilakant, V. and Baird, R. (2014) *Promoting Organisational Resilience through Sustaining Engagement in a Disruptive Environment: What Are the Implications for HRM?*.
- Weick, K.E. (1993) 'The collapse of sensemaking in organizations: the Mann Gulch disaster', *Administrative Science Quarterly*, Vol. 38, pp.628–652, <https://doi.org/10.2307/2393339>.
- Whitman, Z.R., Kachali, H., Roger, D., Vargo, J. and Seville, E. (2013) 'Short-form version of the Benchmark Resilience Tool (BRT-53)', *Measuring Business Excellence*, Vol. 17, pp.3–14, <https://doi.org/10.1108/MBE-05-2012-0030>.
- World Migration Report* (2021) International Organization for Migration (IOM), Geneva.

## Acronyms

BRT	Benchmark resilience tool.
MPH	Master of Public Health.
MPP	Migrant Protection Protocols.
MSO	Migrant serving organisations.
NGO	Non-governmental organisation.