

12 Aug 2020 Cash Hub Webinar Summary Points

Topic: Migration

Speaker	Summary Takeaways
<p>Ezekiel Simperingham – Migration & Displacement Coordinator Asia-Pacific, IFRC Kuala Lumpur</p>	<ul style="list-style-type: none"> • We need to consider what the impact of COVID-19 is on migrants as a framework to think about how Cash and Voucher Assistance can best support them. • There is a disproportionate impact faced by migrants, refugees and IDPS as part of this crisis. We characterise those risks in 3 categories: <ul style="list-style-type: none"> - Health - Socio-Economic - Future (particularly connected to protection concerns) • Health risks relate to being more exposed to this virus but specifically barriers to accessing health services. These can be informal and formal barriers (language, culture, cost, legal). There can also be discrimination, de-prioritising, exclusion. Sometimes this exclusion relates to migrants being invisible in government data. Living conditions and work conditions can be very poor and increase risk of COVID-19 infection and transmission. If we think of Camps, they are normally overcrowded, poor access to WASH, health services, movement restrictions, and declining humanitarian services. Access to testing services is also limited. • Socio-Economic – Migrants are often the first to lose jobs and the last to receive social protection assistance. Destitution amongst migrants is on the rise, and remittances are severely impacted. The World Bank forecasts a 20% decrease in remittances (100Bn USD decline) this year. Putting this in perspective this would be equivalent to 70% of the global overseas aid development budget. There are concerns for the education of children of migrants and refugees, this can relate to not having technology access when schools are remote, or for those in the informal education system just not being part of the COVID-19 adapted formal education system. We are also seeing increasing Mental Health issues amongst migrants. We have a forthcoming report highlighting that many communities are blaming migrants as bringing and spreading disease which has then impacted their lives negatively. So, there is a rise in social stigma. • Due to COVID-19 and a decline of livelihoods and options for many migrants we are seeing a rise in exploitation and the adoption of negative coping mechanisms. This can relate to trafficking for example. Key protection risks are being seen such as the right to asylum being restricted with borders being changed, forced returns, refugee resettlement has completely stopped. There is also a rise in riskier decisions being taken such as fleeing by sea and protection at sea being limited.

Adapting to COVID19 - The Use of Cash & Markets in the Red Cross Red Crescent Movement

<p>Edouard Delaplace – Protection Coordinator, ICRC, Dakar</p> <p>Nicolas Mendy – Project Manager, Accompaniment of Families of Missing Migrants, Senegalese Red Cross, Dakar</p> <p>Tafsir Seydou Tamba - EcoSec, Senegalese Red Cross, Dakar</p>	<ul style="list-style-type: none"> • ICRC started working on this project of accompaniment of families of missing migrants in 2013. This was the first time ICRC recognised that the families of missing migrants had similar needs to the families of missing people due to conflict, so the idea was to use our expertise and knowledge towards helping this vulnerable group. • The Families of Missing Migrants Program is going to be presented on. Due to COVID-19 crisis we have had movement restrictions, such that we can not reach the migrant families. So we rely on the volunteers of the Senegalese RC, and we have started a successful WhatsApp group, which has allowed us to implement the programme through the volunteers with the volunteers sharing issues arising so all in the group benefit. • With COVID-19 the EcoSec component of the project which was more about supporting agricultural livelihoods has had to move to a be more CVA for basic needs. • Since 2002, 100s of people have been reported missing - we have restoring family links (RFL) programme. • The family needs assessment highlighted the needs related to the “need to know” what has happened to their lost family member. The economic support needs. There are also PSS needs and legal and administrative needs. • ICRC and Senegalese RC target family members of the missing migrants, and the first part of the programme is to research the missing migrant along the migratory route (through RFL processes) by sharing information and giving feedback to the families every 6 months. • Psychosocial Support is a large component of the programme. We run support groups, sensitization for community leaders, PSS support for children, and also individual support through home visits. • For the Economic support the aim is to strengthen the livelihoods support for the families through micro-enterprises, training, micro-project funding. • There is also an institutional component to share learning and build civil society capacity. • The Economic Support has resulted in 97% increase in cereal production and average trading profit increases of 106%. • COVID-19 had a negative impact on the household economy because of the restrictions, so ICRC has decided to adapt the programme to offer financial assistance to 101 families supported with the aim to limit the risks of contracting the disease and support basic needs. • We chose mobile money transfer to limit risks of COVID-19 when transferring cash. ICRC became the FSP because at the start of COVID-19 there was no FSP contract in place.
---	--

	<ul style="list-style-type: none"> • With the support, it was intended that families would buy food rations, sanitary materials (bleach, soap), face mask. The amount was 82 CHF and was calculated based on minimum household needs taking into account market prices. The design took account of the lean period of August when considering the duration of support. • The process related to the financial assistance included training of volunteers, assignment of tasks to the volunteers, verification of beneficiary phone numbers, transfer, collection of complaints and difficulties, and PDM. This was all largely undertaken by phone.
<p>Brian Brady - Migration Program Delegate, Danish Red Cross, Guinea</p>	<ul style="list-style-type: none"> • AMiRA (Action for Migrants: Route Based Assistance) is a regional programme working in 6 different countries (Sudan, Egypt, Niger, Burkina Faso, Mali, and Guinea) which seeks to provide assistance to Migrants along the central and Mediterranean routes, to ensure that: <ul style="list-style-type: none"> - migrants are protected from harm - there is a better understanding of the factors which affect migration choices - vulnerable migrants, returnees and host communities have their dignity, rights, basic and protection needs met, AND. - migrants have to up to date, accurate and neutral information to ensure well-informed decisions and thusly experience safer migration paths. • Specifically in Guinea the AMiRA program is working with vulnerable migrant returnees. The programme here focuses on : <ul style="list-style-type: none"> - Information / Protection Activities - Psychosocial activities - Livelihoods activities - Humanitarian / Cash assistance • Guinea Red Cross previously had limited experience with Cash programming, however did undertake some in the 2014 West Africa Ebola Epidemic. • Recently, Danish Red Cross has supported Guinea Red Cross in since 2019 to set up structures and processes and institutionalised cash response in the National Society <ul style="list-style-type: none"> - A cash expert , and over the course of several months the expert supported GRC in undertaking an assessments, identify needs, to investigate different modalities – particularly the use of mobile money which was deemed to be the most appropriate method given needs, to establish internal processes, and to negotiate an open-ended contract with a financial service provider. • The AMiRA programme seeks to provide humanitarian assistance to vulnerable migrant returnees within 72hours of return to Guinea. This is done in the form of cash, to cover basic needs such as: Shelter, food, clothing, and hygiene supplies. The kits are gender sensitive giving • Many migrant returnees coming back to Guinea are faced with specific vulnerabilities:

Adapting to COVID19 - The Use of Cash & Markets in the Red Cross Red Crescent Movement

	<ul style="list-style-type: none"> - During their journey: protection issues, physical violence, detention, sexual violence, exploitation, environmental exposures - Returning home: Sense of failure from not having succeeded, could return to debts which create issues in their family and / or communities. Many migrated in the first place for economic reasons and to better support their families, now they return home having lost the job / income activities they had before leaving, returning with nothing. • In the AMiRA programme in Guinea we seek to give cash support to meet basic needs (namely food, clothing, shelter and health supplies). • The amount given is based on the needs assessed and expressed by returnees themselves through a needs assessment conducted at first contact. With each need (food, clothing etc.) being given a value amount base on real local costs. Also, if a women migrant returns with young children she may have different needs to others. • The assistance is reviewed each month and renewable for a maximum of 3 months to ensure basic needs are met while vulnerable returnees settle back in. After this period it is anticipated that the returnees have established coping mechanisms (can rely on local support networks, and where possible we integrate them into our or others livelihood activities). • Cash transfer methods for assisting returned migrants include: <ul style="list-style-type: none"> - Money transfer in the name of the beneficiary where possible was the first choice in cash transfer. This was the easiest, most transparent option but, while the recipient is not required to have a bank account, they do have to have identification documents and access to a physical bank. - Physical cash payments if the beneficiary had no identification documents / no access to a bank • Mobile Money did succeed, but there was learning: <ul style="list-style-type: none"> - Know your customer regulations were problematic - the mobile money service provider, following national guidelines had to know their customer, meaning they needed identification documents for the beneficiaries. Not all beneficiaries had this. Red Cross was able to negotiate with the service provider that we could use Red Cross Beneficiary cards, these beneficiary cards would be tied to the mobile money sim card for easy tracking. - Beneficiary ID cards linked to Sim Card numbers: This posed a challenge in itself – the NS had no M&E department and only recently recruited an M&E focal point. No one had the experience to set up a coded beneficiary tracking system - Sim-Cards had to be purchased in the Capital: the sim cards had to be purchased by Red Cross and this could
--	--

	<p>only be done in the capital region, which is up to 2 days by road from some field locations.</p> <ul style="list-style-type: none">- Practical and logistic challenges: Must have a stock of phones and sim cards pre-positioned at all sites, the beneficiary must be identified and fill out vulnerability assessment, a beneficiary ID must be created and matched with a sim card, the beneficiary themselves must go to a service provider (during working hours) to open an account, the beneficiary must inform Red Cross at the field level that the account is open, RC at field level informs finance teams in Conakry, who can then execute the payment <ul style="list-style-type: none">• In the end we found the process for mobile money transfer too challenging and that it took too long to meet our goal of responding to migrant needs within 72H, we therefore returned to our original methods (of bank transfer or physical cash) and focused on streamlining National Society processes.• Mobile money and the platform and the relationship with the service provider set up with the support of Danish Red Cross is being widely used to pay staff and volunteers and there are plans to use it in other GRC programmes, including the COVID-19 response.• General challenges for Cash programming in Guinea:<ul style="list-style-type: none">- Relatively new modality for Guinea RC, there was a general reluctance to give cash payments. Concerns for how the cash would be used, how to ensure transparency, and how to justify cash grants with finance teams. It took time to explain that Cash is just another modality, that it is not inherently different than giving physical goods and that one of the main ethos of giving cash is to provide a sense of dignity to the recipients, to trust they know their needs best.- In early stages the programme had some push back from support teams which lead to heavy and slow process. We learned how essential it is to include support teams particularly when creating unfamiliar activities types so we can find a balance between efficiency in response while ensuring proper procedure.• Covid-19 and Migration - In March 2020, as borders in West Africa began to close, we noticed an influx of returned migration to Guinea, approximately 5 times higher than our normal caseload of returnees. Since the number of those returning to Guinea has not surprisingly fallen significantly and are less than trends pre COVID-19 but has not stopped completely. Borders in this region remain porous and people continue to cross, despite official closures. This influx shows the strength and adaptability of cash programming, we would not have been able to smoothly manage such a sudden influx of returnees had we been working with NFI's for example.• A general concluding point – Many countries are seeing impressive national responses to support the most vulnerable and the most affected by COVID-19. Migrants are often left out of this
--	---

	<p>conversation, despite being among the most vulnerable, potentially stuck in places that are culturally, linguistically unfamiliar with limited access to support services. Ripple on effects from reduced access to work, less remittances supporting families and promoting development at home, and reduced mobility limiting seasonal work, will not only affect migrants, but risk to have significant negative impacts on both points of origin and destination.</p> <ul style="list-style-type: none"> • It is therefore important to ensure that migrants are represented in COVID-19 response plans including through CVA initiatives.
<p>Mohammed El-Keblawy – Project Manager, Egyptian Red Crescent</p> <p>Hamed Mohamed – Field Coordinator, Egyptian Red Crescent</p>	<ul style="list-style-type: none"> • Working on a project providing primary health care services to migrants and host communities in greater Cairo. During the COVID-19 crisis the migration team coordinated activities with our team to reallocate budgets to help respond to COVID-19. • Due to Egypt’s geographical location it is both a transit (to Europe) and final destination for migrants. This makes Egypt one of the countries that has the largest migrant population in the world. The migrants are often located in the areas of limited health and other services. • With COVID-19 people started to suffer, migrants severely impacted, lost jobs, no income, basic needs unmet, limited assistance from others. • Egyptian Red Crescent decided to provide emergency social interventions to support migrants including Rent Assistance, Food Items and Hygiene Kits. With Rent Assistance, migrants were evicted from houses or threatened to be evicted on short notice. Food was necessary because of lost of income and hygiene kits to help limit risk of infection and transmission. • Methodology of intervention: We received lists from Community Based Organisations (CBOs) who we had existing relationships and from other organisations such as IOM and we had direct approach by beneficiaries (in person or phone). • We created a vulnerability and capacity assessment tool to assess potential beneficiaries by phone with a scoring system, and we had to do it by phone. This is helping us to 3715 families. We have a verification undertaken by the volunteer delivering the service at the time of delivery. • Challenge in Egypt that the non-Egyptians are not admitted to the government shelters. • Rental assistance: we undertake a rental market assessment for the intervention area and we put a price cap, and we have assistance 154 families which has covered 431 months of rent (i.e. 2.8 months rent per family on average) • Food and Hygiene Kits: given in-kind, 1103 food parcels & 564 hygiene kits • Now we have started shifting our services to be electronic through e-vouchers, since we have contracted a FSP, and this is helping to reduce volunteer and beneficiary risk to COVID-19, and the e-vouchers are sent by mobile phone and value can be divided up so it is not necessary to use all the amount in a single

Adapting to COVID19 - The Use of Cash & Markets in the Red Cross Red Crescent Movement

	purchase. E-vouchers will be initially for the food and hygiene kits, and later if needed for rent then this will be added.
--	---

Prepared by David Dalgado based on what was said in the Webinar and the takeaways may not reflect the top takeaways of the speaker as they see them.