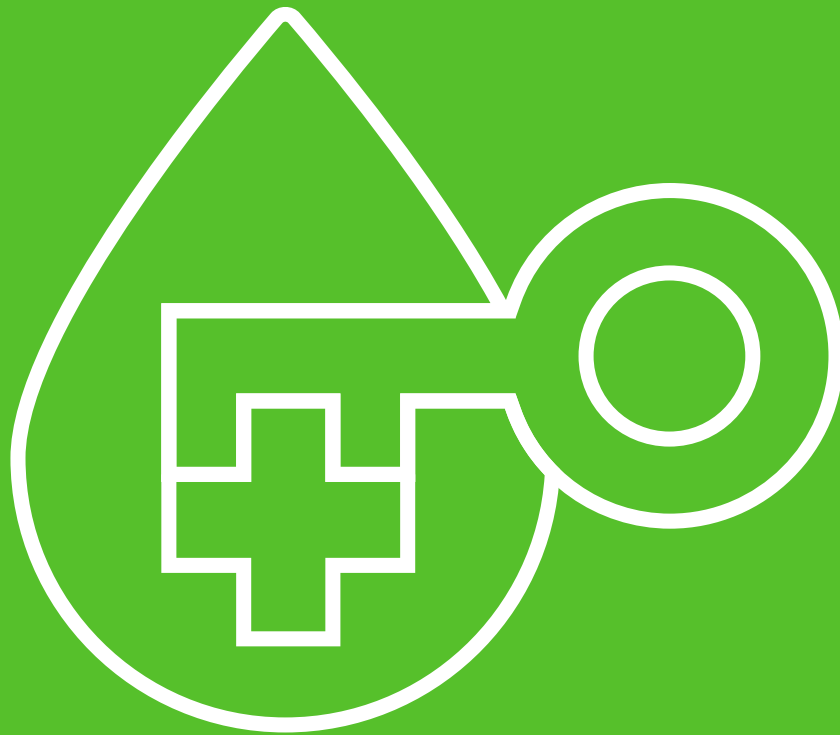


PROMISING PRACTICES in the PROVISION OF ESSENTIAL SERVICES TO MIGRANTS

January 2022



**United Nations
Network on Migration**
Working Better Together

EXECUTIVE SUMMARY

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The publication was drafted by the independent consultant Davide Mosca.

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1. INTRODUCTION AND PURPOSE

This document on promising practices in migrant essential service provision has been developed by the Working Group on “Access to Services”, a group co-led by WHO and UN Habitat that includes several United Nations Agencies and civil society organizations. This working group was convened in 2019 and 2020 as part of the UN Migration Network (UNMN) that supports the implementation of the *Global Compact for Safe, Orderly and Regular Migration*¹(GCM) , endorsed by UN Member States in 2018.

The document provides practical examples on how migrants are included in the provision of services in the field of **health, housing, education, vocational training, and basic public services such as water and sanitation**. A dedicated section of the report, also includes examples of multi-sector migrant services in the context of the **pandemic of COVID-19**.

The case studies are contributions from national and local governments, partner agencies and other stakeholders. They focus on government policies, national or local legislation, international agreements, and programs or interventions with particular emphasis on local and grass-roots level. They also focus on the removal of legal, physical, financial, information and discrimination barriers experienced by migrants.

The document is structured around the following chapters: in chapter 1, it gives an introduction to the institutional framework of the Global Compact for Migration, and explains the challenges encountered by migrants in accessing services. Chapter 2 is the main part of this document, outlining in detail many promising practices from around the world. Chapter 3 provides some initial conclusions.

Background on the Global Compact for Migration

The cooperative framework laid out by the *Global Compact for Safe, Orderly and Regular Migration*² (GCM) comprises 23 interrelated objectives towards implementing, assessing and reviewing the political commitments adopted by Member States of the United Nations, and enshrined in the New York Declaration for Refugees and Migrants . This publication particularly refers to the implementation of **GCM Objective 15** i.e. **Provide access to basic services for migrants**.



¹ United Nations Network on Migration (<https://migrationnetwork.un.org/>, accessed 1 November 2019).

² A/RES/73/195 Global Compact for Safe, Orderly and Regular Migration, UNGA 11 January, 2019

³ A/RES/71/1 New York Declaration for Refugees and Migrants, UNGA 6 October, 2016

> TAB.1 Global Compact on Migration, Objectives

OBJECTIVES



	 1 DATA	 2 MINIMIZE ADVERSE DRIVERS	 3 INFORMATION PROVISION	 4 LEGAL IDENTITY AND DOCUMENTATION	 5 REGULAR PATHWAYS	 6 RECRUITMENT AND DECENT WORK	 7 REDUCE VULNERABILITIES
 8 SAVE LIVES	 9 COUNTER SMUGGLING	 10 ERADICATE TRAFFICKING	 11 MANAGE BORDERS	 12 SCREENING AND REFERRAL	 13 ALTERNATIVES TO DETENTION	 14 CONSULAR PROTECTION	 15 ACCESS TO BASIC SERVICES
 16 INCLUSION AND SOCIAL COHESION	 17 ELIMINATE DISCRIMINATION	 18 SKILLS DEVELOPMENT AND RECOGNITION	 19 MIGRANT AND DIASPORA CONTRIBUTIONS	 20 REMITTANCES	 21 DIGNIFIED RETURN AND REINTEGRATION	 22 SOCIAL PROTECTION	 23 INTERNATIONAL COOPERATION

All GCM objectives are based on a set of cross-cutting and interdependent guiding principles (Tab. 2), which are reflective among others of the purpose and foundations of the Charter of the United Nations, the Universal Declaration of Human Rights, the 2030 Agenda for Sustainable Development, and the collective pledge to improving cooperation on international migration.

⁴ A/RES/ 217 A (III), *Universal Declaration of Human Rights*, UNGA 10 December, 1948

⁵ A/RES/70/1 - *Transforming our world: the 2030 Agenda for Sustainable Development*, UNGA 21 Oct 2015

> Tab.2 Global Compact for Migration, cross-cutting guiding principles



- a) **People-centred.** Places individuals at its core;
- b) **International Cooperation.** No State can address migration on its own. Cooperation and dialogue are emphasized;
- c) **National sovereignty.** The sovereign right of States to determine their national migration policy and their prerogative to govern migration within their jurisdiction, in conformity with international law;
- d) **Rule of law and due process.** Respect for the rule of law, due process, and access to justice are fundamental to all aspects of migration governance;
- e) **Sustainable development.** Rooted in the 2030 Agenda for Sustainable Development, builds upon its recognition that migration is a multidimensional reality of major relevance for the sustainable development of countries of origin, transit and destinations;
- f) **Human rights.** Based on international human rights law, aims at ensuring effective respect, protection and fulfilment of the human rights of all migrants, regardless of their migration status, across all stages of the migration cycle;
- g) **Gender-responsive.** Respect for the human rights of women, men, girls and boys at all stages of migration, and that their specific needs are understood and addressed, and they are empowered as agents of change;
- h) **Child-sensitive.** Promotes existing international legal obligations in relation to the rights of the child, and upholds the principle of the best interest of the child in the context of international migration, including unaccompanied and separated children;
- i) **Whole-of- government approach.** Migration cannot be addressed by one government policy sector alone, and policy coherence is needed across all sectors and levels of government;
- j) **Whole-of-society approach.** Promotes broad multi-stakeholder partnerships by including migrants, diasporas, local communities, civil society, academia, the private sector, parliamentarians, trade unions, national human rights institutions, the media and other relevant stakeholders in migration governance.

Each of the 23 objectives of the Global Compact contains a commitment and a range of key actions (Tab. 3) considered to be relevant policy instruments, and good approaches in their implementation.

In particular, **Objective 15** of the GCM (i.e. **Provide access to basic services for migrants**) commits Member States to ensure that all migrants, regardless of their migration status, can exercise their human rights through safe access to basic services. Furthermore, the achievement of this objective is seen as an opportunity to strengthen migrant-inclusive service delivery systems for the seamless benefit of migrants and hosting communities alike, towards the achievement of related Sustainable Development Goals (SDGs) and beyond. To this effect, Objective 15 draws from actions summarized here below:

> Tab. 3 Objective 15



- a) Enact laws and take measures to ensure that service delivery does not amount to discrimination against migrants on any ground, irrespective of cases where differential provision of services based on migration status might apply;
- b) Ensure that cooperation between service providers and immigration authorities does not exacerbate vulnerabilities of irregular migrants by compromising their safe access to basic services;
- c) Establish and strengthen holistic and easily accessible service points at the local level that are migrant-inclusive, gender- and disability-responsive, as well as child-sensitive;
- d) Establish or mandate independent institutions at the national or local level, to receive, investigate and monitor complaints about situations in which migrants' access to basic services is systematically denied or hindered, and work towards a change in practice;
- e) Incorporate the health needs of migrants into national and local health-care policies and plans;
- f) Provide inclusive and equitable quality education to migrant children and youth, as well as facilitate access to lifelong learning opportunities, on-the-job and vocational training, technical education and language training.

1.1 Migrants' access to basic services

Barriers and vulnerabilities, and the impact of the COVID-19 crisis

Migration can be a positive and empowering experience for individuals and communities, and can benefit countries of origin, transit and destination. Yet, migrating can place people in vulnerable conditions. This can depend upon the situations they have left behind, the circumstances they face in transit or at destination, personal characteristics such as age, sex, sexual orientation and gender identity, disability, health status, level of literacy, education and culture, or because of a combination of these circumstances and individual factors⁶. Some migrants face particular challenges requiring specific human rights protection interventions. Such challenges may include the inability to access essential health and education services, conditions of precariousness in housing, livelihood and employment. Migrants can also suffer from exploitation during transit or upon arrival, and multiple and intertwined forms of discrimination, inequality - including gender inequalities - and other structural and societal dynamics that lead to diminished levels of enjoyment of rights. Language barriers and lack of access to information are often aggravating factors⁶. Inability to access basic services, often results in increased vulnerabilities and protection needs. This includes worsen of pre-existing or acquired health conditions, food and nutrition insecurity, early school leaving for migrant children, poverty, various forms of exploitation and abuses, social exclusion and marginalization, all resulting in poor migration and development outcomes. Women are also subject to gender-based violence⁷.

The compounded public health, economic, social, and protection crisis caused by the COVID-19 pandemic has exacerbated and further highlighted existing inequalities and threats to migrants' human rights. The crisis has evidenced the crucial role that migrants often play as essential workers and service providers, and their resourcefulness in times of calamities when they are well integrated into communities. However, in many countries they have faced harsh and restrictive immigration measures. These have included immigration raids⁸, eviction, detention, forced return, and border closures without the safeguard of continued access to asylum and other protection under international human rights or refugee law.

Across the world, migrants have experienced xenophobia, racism, discrimination due to negative perceptions surrounding **COVID-19**, and heightened vulnerability, with lack of access to COVID-19 related health care and exclusion from public health planning and responses. In many cases they have suffered job losses and aggravation of exploitative working conditions⁹, school dropout, lack of social protection, and exclusion from economic relief and recovery support¹⁰. This is particularly true for undocumented migrants, who may also fear arrest, detention, and deportation in contexts where no firewalls are in place between service providers in the first place. Concurrently, rates of violence against women and children have dramatically increased during the pandemic.

⁶ A/HRC/45/30 Human rights of migrants, 3 September 2020

⁷ UN Women. 2020. "Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers". New York.

⁸ M. Lopez, S. Holmes. Raids on Immigrant Communities During the Pandemic Threaten the Country's Public Health. *Am J Public Health*, 2020 July; 110(7): 958–959. Published online 2020 July. doi: 10.2105/AJPH.2020.305704

⁹ End stigma and discrimination against migrant workers and their children during COVID-19 pandemic. Joint op-ed by ILO, IOM, UNICEF, UNODC and UN Women. ReliefWeb, 9 Jun 2020

¹⁰ United Nations, "Policy brief: COVID-19 and people on the move", 2020. See also United Nations, "Policy brief: COVID-19 and human rights – we are all in this together", 2020.

Furthermore, the risk of migrant populations contracting COVID-19 is far greater due to several factors. These include inadequate living conditions and poor hygiene, overcrowded migrant worker dormitories¹¹ in dense and underserved informal settlements and refugee camps. For migrants and displaced people living in such overcrowded conditions, it is often not possible to respect recommended COVID-19 hygiene and safety measures, exposing both migrants and displaced populations, as well as society as a whole, to a greater public health risk¹². Hence, providing access to basic services at all stages of migration – at origin, transit, destination, upon return, and along various migration pathways, remains key for the concretization of principles of respect, protection and fulfilment of the human rights of migrants, including during the COVID-19 pandemic or other crises.

1.2 About the UNMN Working Group on access to services, and the practices reviewed

The United Nations Network on Migration (the Network) has been established to provide effective, timely, and coordinated UN system-wide support to Member States in the implementation of the Global Compact for Safe, Orderly and Regular Migration (GCM)¹³, and the attainment of its 23 objectives. To this effect, the Network has adopted and launched a comprehensive Workplan¹⁴ organized around core and thematic priorities. The thematic workstream on Access to services is co-led by WHO and UN-Habitat¹⁵. It supports the implementation of **GCM Objective 15: Provide access to basic services for migrants**. It also contributes to a secondary *Objective 16: Empower migrants and societies to realize full inclusion and social cohesion*. The Working Group endeavors to identify and review promising practices in migrants' access to service. The review presented in this report is meant to showcase effective and replicable models, which illustrate a policy brief the Group published earlier. The innovative solutions selected reflect the aim of local and national governments, of civil society organizations, development and humanitarian partners, and migrants' communities and organizations to overcome the obstacles and challenges migrants face in accessing basic services.

This review focuses on the following services: health, education, vocational training, housing, and basic public services such as water and sanitation. In view of the specific crisis context linked to the COVID-19 pandemic, a section has been reserved to the subject. COVID-19 related migrant services are multi-sector in essence.

In various instances in this report, the practices presented are not limited to a single domain and encompass multiple services. They focus on government policies, national or local legislations, and international agreements. They also constitute programs with an emphasis on local and grass-roots level, and the removal of legal, physical, financial, information and discrimination barriers experienced by migrants in exercising their human rights through safe access to basic services. The practices presented highlight underlying policies, approaches, or solutions to overcome constraints, and help advancing a common understanding on how to realize safe and inclusive access to services for migrants.

¹¹ ILO. *Policy brief on protecting migrant workers during the COVID-19 pandemic: Recommendations for Policy-makers and Constituents*. 2020. https://www.ilo.org/global/topics/labour-migration/publications/WCMS_743268/lang--en/index.htm

¹² OECD *What is the impact of the COVID-19 pandemic on immigrants and their children?* 19 October 2020 https://www.oecd-ilibrary.org/social-issues-migration-health/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children_e7cbb7de-en

¹³ United Nations Network on Migration (<https://migrationnetwork.un.org/>, accessed 1 November 2019).

¹⁴ United Nations Network on Migration, *Workplan*, July 2019 <https://migrationnetwork.un.org/>

¹⁵ UN Network on Migration, *Working Group 6: Access to Services*. Co-Leads WHO, UN-Habitat; Members: FAO, ILO, IOM, OHCHR, UNAIDS, UNFPA, UNHCR, UNICEF, UN Women, Caritas on behalf of Initiative for Child Right, IFRC, OECD, PICUM, PSI, and UCLG.

2. Practices and approaches

2.1 Health Services

Context and issues

The right of every human being to "*the enjoyment of the highest attainable standard of health*" without distinction of race, religion, political belief, economic or social condition, is recognized by the Constitution of the World Health Organization entered into force in April 1948 and by the constitutional chart and national health strategies of several Member States.

> NATIONAL LAWS PROMOTING INCLUSION

Practice 1. 'Free Access to health and education'.

In **Ecuador**, the right of all to free of charge access to health and education services is enshrined in the Constitutional Law (2008). Additionally, Art. 7 of the Constitution grants Ecuadorian nationality to all children born in the country (*ius solis*). Ecuador, whose population totals 16.9 million inhabitants, hosts approximately 784,800 migrants (UNDESA 2020) and 503,644 refugees mainly from Venezuela (UNHCR 2020), while 1.1 million Ecuadorians are international migrants outside the country.

In the biennium 2019-2020, a cumulative 897,879 medical services were delivered to migrants, while 69,241 foreign students were enrolled in public education classes in school year 2020-21. Based on principles of human rights and protection of the child, free access and educational material are granted to children and adolescent sons and daughters of undocumented migrants. Students are admitted to adequate educational grade by means of validation of their previous certifications, or - in absence of documentation- through a mechanism of evaluation recently established.

In the year 2020, the National Budget of Ecuador mobilized \$US 34.6 million for the health care of migrants, and \$37.1 million for their education. During the COVID-19 epidemic and as of mid-February 2021, 268,073 confirmed cases were reported at national level, out of whom 1,661 amongst foreigners; a relatively low incidence amongst migrants if compared with the host population. Out of the 15,392 patients deceased, 102 were foreign-born.

Lessons learned. In line with good practices nationally developed, and human rights principles enshrined in the United Nations Charter, Ecuador maintains its commitment to provide migrants with essential health and education services. In terms of public health, services for migrants will keep including preventative measures to reduce the risk of exposure to, and the transmission of infectious diseases, ensuring that migrants enjoy the same assistance provided to nationals as prescribed by the Constitution of Ecuador.

Inclusiveness is a guarantee for health costs reduction, since it helps prevent and timely respond to public health risks. In terms of education, the national inclusive policy of Ecuador will continue aim at the inclusion of migrant youth into the national education system, hence avoiding early school leaving. This policy will require strengthening of the national system, enhancement of teaching community's capacity, and the development of training curricula which recognize migration as a development opportunity. In consideration of the impact of the current COVID-19 pandemic, the State of Ecuador, with the support of the international community, will endeavour to enhance its capacity to provide health and social services to the population, and respond to the challenges of increasing human mobility in the region. Based on principles of shared responsibility and solidarity, the coordination with regional platforms of cooperation is essential to achieve consolidated results in support to the endeavour of Ecuador.

(Ministry of External Relations and Human Mobility of Ecuador)

Reference: <https://www.salud.gob.ec/>

The example above reflects **SDG target 3.8 Universal Health Coverage**, and is in line with the *WHO Framework of Priorities and Guiding Principles to promote the health of refugees and migrants (2017)*¹⁷ to which GCM Objective 15 makes specific reference, and the relevant WHO Global Action Plan 2019-23¹⁸.

¹⁶ SDG 3.8 Universal Health Coverage: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicine and vaccines for all

¹⁷ WHO. Promoting the health of refugees and migrants: framework of priorities and guiding principles to promote the health of refugees and migrants. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Geneva: World Health Organization (https://www.who.int/migrants/about/framework_refugees-migrants.pdf, accessed 14 October 2020).

¹⁸ WHO. Promoting the health of refugees and migrants: draft global action plan 2019-2023. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Geneva: World Health Organization (A72/25; https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf, accessed 14 October 2020).

> Tab. 4 WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants

GUIDING PRINCIPLES	PRIORITIES
<ul style="list-style-type: none"> • Right to health for all regardless of status, • Equality and non-discrimination, • Equitable access to health services, • Integrated people-centred, migrant-sensitive, and gender-sensitive health systems, • Non-restrictive practices based on health conditions, • Whole-of-government and whole-of-society response, • Social inclusion and participation of refugees and migrants, • Responsibility sharing, partnerships, and international cooperation. 	<ul style="list-style-type: none"> • Advocate for refugee and migrant health in the global, regional and national agenda, including by mainstreaming health in the GCM and GCR, • Refugee- and migrant-sensitive health policies, legal and social protection, and public health interventions, • Enhance capacity to addressing determinants of health, • Health monitoring and health information system, research, • Accelerate progress towards UHC, and continuity of care, within a health systems-strengthening approach, • Save lives, reduce mortality and morbidity through short- and long-term public health interventions, and by enhancing a humanitarian/development nexus.

Migrants' access to health services

Migrants' access to health services has increasingly been recognized as important to ensure rights-based health systems that reach the underserved and marginalized, and realize health security and development goals for the benefit of migrants and communities alike. However, social exclusion of vulnerable migrant groups still continues. Due to lack of legal status and conducive administrative norms, or due to language and cultural barriers, low-income levels and other factors such as mistrust in government systems and lack of firewalls between service providers and immigration authorities, many migrants often do not access quality health services or are neglected by public health response plans, including in the case of the COVID-19 pandemic¹⁹. Health-care services are rarely designed to cater to the specific needs of migrants, and lack the necessary data, information, and structure to improve delivery and enhance policies. Often migrants meet challenges in navigating complex administration systems and might miss the benefit of services to which they are entitled to. This can be due to a lack of awareness and proper orientation, or language and other barriers. So called "One-Stop Centres" have helped overcoming some of these difficulties.

> ONE-STOP CENTRES

Practice 2: 'RNAIM- National Network for Migrants Integration'.

In **Portugal**, the High Commission for Migration is the public institution responsible for supporting the integration of immigrants and the return of Portuguese emigrants. The High Commission has established a network (*RNAIM - Rede Nacional para a Integração de Migrantes*) comprising three National Centers of Support to Migrants Integration (CNAIMs- Centros Nacionais de Apoio à Integração de Migrantes) and 114 Local Centers (CLAIMs- Centros Locais de Apoio à Integração de Migrantes) distributed across the country. This network of national institutions plays a crucial intermediation role between services and migrants, and helps addressing the challenges migrants face in accessing services because of communication, language, and cultural barriers, lack of knowledge and awareness on entitlements and rights, and various administrative difficulties.

Through this network - implemented in partnership with various Ministries and Departments, local authorities, civil society and migrant organizations - RNAIM operators working under a same roof, assist migrants in more effectively accessing health, education, social services, employment and other service areas. The '*One-Stop Centrer' model* enables the coordination of procedures and avoid dispersion. In particular CLAIMs assist with:

¹⁹ United Nations Network on Migration. *Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and beyond*, 2020

i) *health*, by providing information on rights and entitlements, and arranging referral of migrants to needed services;

ii) *education*, with referral, enrollment, validation of certifications and equivalence of education grades, and Portuguese language learning;

iii) *social security*, including consultations, applications, contributions, work relations, and other services such as regularization, citizenship, family reunification, etc.

Additionally, the Local Centres work in collaboration with the *Bureau of Social Issues and Inclusion* (GASI) for voluntary return, and applications for social assistance; the *Bureau of Support to Professional Integration, Higher Education, and Qualification*, assisting migrants in the preparation of personal CVs, liaison with employment, equivalence of qualifications and diplomas, entrepreneurship; the *Bureau of Support to Victims* (GAV) in case of domestic violence, female genital mutilation, early and forced child marriage, trafficking, etc. In 2020, despite the pandemic crisis, RNAIM provided more than 235.000 consultations to migrants.

Lessons learned. In the experience of the High Commission for Migrants, empathy, welcoming, and commitment in the realization of rights and obligations is key for the integration of migrants, towards which the enjoyment of public services is a fundamental aspect. Intermediation is a very effective practice, especially for newly arrived migrants, as well as the use of cultural mediators with migration background, who are instrumental in overcoming language and cultural barriers. A network allowing integrated and coordinated national and local multi-disciplinary action and strong liaison with local realities through a single entry point has proved to be an effective practice in migrant services delivery.

(High Commission for Migrants, Portugal)

Reference: www.acm.gov.pt

Stigma and discrimination towards some categories of migrants in law, practice, and attitude of service providers, too often increase their vulnerability and lead to inequalities and inequities in accessing health services. Hence, the impact of migration on the health of 'people on the move' is complex, and considerable variation exists between different migrant categories; migrants are not a uniform group and their vulnerabilities, risk exposure, individual and structural factors greatly differ from person to person. Additionally, economic and other drivers that lead to migration also influence vulnerability to a variety of health issues and degrees, as does the overall context at source, transit and destination countries, and the process of migration itself. Migration is not necessarily a risk factor for poor health, but especially marginalized migrants – particularly the undocumented – might face social and economic determinants of ill-health including adverse living and working conditions, poor education, financial constraints, and lack of access to health and social protection. Overcoming barriers – particularly for undocumented migrants – might require specifically tailored innovative 'migrant-friendly' policies and practices, inter-sectoral partnerships, and enabling policies and strategies within both the health and the migration sectors.

> *MIGRANT-INCLUSIVE UNIVERSAL HEALTH COVERAGE,
THROUGH AFFORDABLE MIGRANT INSURANCE SCHEMES*

Practice 3. 'Migrant-friendly services in Thailand'.

In **Thailand**, as of 2019, there were almost four million migrant workers (i.e. nearly 10% of the entire labour force in the country), mainly from Cambodia, Lao PDR, Myanmar, and Vietnam (so-called CLMV countries). CLMV migrants in Thailand are mostly engaged in labour intensive work, either in the construction, agriculture, or fishery sector, hence protecting the health of migrants, to some extent, means protecting the Thai economy. Yet some migrants face difficulties in accessing health services due to their precarious legal status, financial constraints, language and cultural barriers.

To overcome some of these difficulties, the Thai Government's Ministry of Public Health (MOPH) has implemented for over two decades a 'migrant-friendly service' approach, also using the intermediation of 'migrant health volunteers' (MHV) and 'migrant health workers' (MHW) belonging to the migrants' communities. Initially implemented in migrant-populated areas only with the support of non-governmental organisations and IOM, and with the financial support from the United States Agency for International Development (USAID), the programme sought later to become self-sustained by mobilising revenues generated from health insurances for migrants. Target beneficiaries of the insurance are CLMV documented migrant workers and dependants, and undocumented migrants after they register with the government.

The registration system firstly introduced in 2014 is labelled '*One Stop Service*' (OSS). Registration with the OSS secures health and labour protection both for the formal and informal sector. Migrants working in the formal sector, must enrol in the Social Security Scheme (SSS) operated by the Ministry of Labour. Those working in the informal sector and their dependants are insured with the *Health Insurance Card Scheme* (HICS) operated by MOPH.

The OSS registration also provides a work permit and a nationality verification (NV) to acquire evidence of legitimate stay in Thailand. By linking the health insurance with the work permit issuance, the number of migrants accessing public health care increased significantly. For example, between 2013 and 2014 there was an upward trend of outpatient visits nationwide from 792,238 to 2,221,797, and inpatient admissions from 69,551 to 127,788. In terms of a source of funding, about 12% of the HICS revenue is earmarked to support MHW and MHV activities. The MOPH manages the initiative through committees led by *the Health Administration Division* with the participation of diverse authorities, including the *Division of Health Economics and Health Security* (the main agency in charge of HICS for migrant workers), the *Department of Health Service* (the main agency responsible for the

'Village Health Volunteers' program for Thais), and civil society groups acting as field implementers. Field services include migrant health posts, and health corners where migrants can seek support from MHWs and MHVs to navigate them to health care at public facilities (MHWs serve as interpreters, health assistants, and health educators at institutional health facilities, while MHVs usually operates at community level). Both MHWs and MHVs undergo a MOPH training curriculum for at least 40- and 20-hour period respectively. Training includes basic knowledge of Thai culture, migration-related laws, and different health insurance schemes for migrant workers in Thailand, roles and ethics for MHWs and MHVs, health communication skills, first aid practices, disease surveillance, and health promotion for basic communicable and non-communicable diseases. The MOPH also encourages local health facilities to translate health materials from Thai into migrant languages (such as Myanmar and Cambodian). The Thai government has also amended the *Alien Work Act 2008* to allow the legally hiring of migrants as language coordinator (LC); public health authorities and NGOs can hire migrants with good communication skill as LCs after they undergo a training programme approved by the Department of Employment in the Ministry of Labour. The cultural and linguistic mediation role played by MHWs, between migrants and health professionals, reduce communication errors and helps tailoring care to meet the specific health need of each migrant individual.

Lessons learned. Despite a significant progress in the implementation of 'migrant-friendly service' in Thailand, some challenges still remain. First, though the OSS opens opportunities to migrants to access services, some irregular migrants avoid the system and stay undocumented. This means MHWs and MHVs have to work harder to reach this group that still face difficulties in accessing health care. Secondly, most MHW and MHV activities now rely on the revenue of the HICS; in some areas, the HICS insures are small in number and this raises questions on the financial sustainability of the program. The MOPH may need to explore policy options to support the program, and this might include funding via continued central budgeting. Last but not least, considerations is given on whether or not MHWs and MHVs' role should be enhanced to the level of clinical care, and how to better reaching out to those still undocumented, so as to enable Thailand achieve 'Universal Health Coverage' for 'everybody on its soil' as intended.

(Ministry of Public Health of Thailand)

Reference: <https://www.who.int/bulletin/volumes/95/2/16-179606.pdf>

²⁰ W.Kunpeuk et alii. *Understanding the Problem of Access to Public Health Insurance Schemes among Cross-Border Migrants in Thailand through Systems Thinking*. *Int J Environ Res Public Health*. 2020 Jul; 17(14): 5113. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7400460/>

Adverse factors affecting migrants' access to essential services are more often influenced by the political, economic, labour, and social environment, and are referred to as social determinants of health²¹. There are various levels of determinants influencing health, ranging from the general socioeconomic context, community, culture and political climate vis-à-vis migration, the physical environment (such as living and working conditions) or individual factor such as poverty, lifestyle, literacy, health seeking behavior, age and gender identity and expression. Increasingly, the very context and modalities of movement involves levels of vulnerability requiring the provision of services in often challenging operational environments along mobility paths.

> **ESSENTIAL SERVICES AND PROTECTION MEASURES
ALONG MIGRATORY PATHS**

Practice 4. 'Humanitarian Service Points-HSPs.'

At **global level**, the *International Federation of Red Cross and Red Crescent Societies* (IFRC) – individually and together with National Red Cross and Red Crescent Societies (National Societies) – endeavors to address humanitarian concerns of migrants in need of essential services throughout their journey. IFRC is working with National Societies along migration routes to vastly expand its *Humanitarian Service Points* (HSP) programme. HSPs are neutral, safe, welcoming and strategically located spaces, in countries of transit, destination and return, run by Red Cross and Red Crescent volunteers and staff. Migrants and displaced people who may have been denied access to public services or face challenges in getting assistance, are able to access a range of needed services at the HSPs. This might include first aid, emergency and maternal healthcare, referrals for medical and other services, psychosocial support, shelter, food and water, bathing facilities, legal information on rights and processes, family reunification, etc.

HSPs include fixed and mobile services, able to reach migrants wherever needs exist. There is no one-size-fits-all model of operation: in certain locations humanitarian HSPs may simply provide critical information, in others healthcare might be provided. Services depend on migrants' needs and the resources and capacity of the National Societies. Migrants can access these services irrespective of their status and without fear of being reported to authorities. The key objective is to contribute to the safety, dignity and protection of vulnerable migrants at all stages of their journey, and to promote their resilience.

HSPs have been operational in several regions. *The Colombian Red Cross Society*, for example, has continued to operate HSPs at the border with Venezuela during the COVID-19 pandemic, offering essential services like healthcare, water and

²¹ WHO. Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

sanitation, and psychosocial support. HSPs are well-positioned to raise awareness among migrants about COVID-19 and provide practical information on how to access healthcare and appropriate treatment if infected. *Libyan Red Crescent* volunteers have provided support to migrants and displaced people during COVID-19, operating HSPs where migrants can access information, food and other basic necessities, and restoring family links services. The Italian Red Cross operates a number of 'Safe Points' that provide humanitarian assistance, as well as basic health screening, guidance and referral to local services for migrants. Other National Societies working to provide assistance through the HSP-type model include those in the Sahel region and the Philippines and Mexico.

It is the experience of many National Societies that migrants face increasing challenges in meeting basic needs and in accessing essential services during their journeys, and may experience abuse, exploitation and harm. Irregular migrants are often denied access, or fear approaching service providers due to the possibility of arrest and deportation. As outlined in the IFRC's reports '*New Walled Order*'²² and '*Least Protected, Most Affected*'²³, there is an urgent need to address both formal barriers to accessing essential services, such as laws limiting access based on migration status, as well as informal barriers, such as stigma, language, culture, cost and lack of awareness on entitlements. The scope for humanitarian access is also narrowing; there are suggestions that activities of humanitarian organizations should be curtailed, for instance, by banning food distribution in migrant camps or discouraging rescue at sea. This trend of "criminalizing compassion" puts lives at risk, while restrictive legislations continue to hinder access to life-saving support. *Humanitarian Service Points* contribute to saving lives and reducing suffering along migratory trails, to upholding migrants' human rights and dignity, and to empowering them towards better livelihood opportunities and sustainable solutions, social inclusion and improved interaction with host communities.

Lessons learned. In the view of the IFRC, States should ensure that relevant laws, procedures and/or agreements are in place to enable National Societies and other humanitarian actors to enjoy effective and safe access to all migrants without discrimination and irrespective of their legal status. States should commit to the establishment of humanitarian service points or 'safe spaces', where humanitarian actors are able to provide essential services to vulnerable migrants, with guarantees that such spaces will have fire-walls between humanitarian aid and immigration law enforcement.

(IFRC -International Federation of Red Cross and Red Crescent Societies)

Reference: https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2019/11/Brief_-_Humanitarian_Service_Points_Final-002.pdf

²² IFRC -International Federation of Red Cross and Red Crescent Societies. *New Walled Order: How barriers to basic services turn migration into a humanitarian crisis*. 2018 <https://media.ifrc.org/ifrc/wp-content/uploads/2018/07/Migration-policy-Report-Final-LR.pdf>

²³ IFRC -International Federation of Red Cross and Red Crescent Societies. *Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic*. 2020 <https://media.ifrc.org/ifrc/wp-content/uploads/2020/09/IFRC-report-COVID19-migrants-least-protected-most-affected.pdf>

In the experience of several providers and responders, achieving positive health outcomes often implies – particularly for migrants in vulnerable situations - the concurrent provision of multiple services, including medical care, proper documentation, food, clothing, housing, necessary social services, child protection, and family reunification, as well as spaces safe and secured enough to enable the establishment of a sense of community and belonging.

> *SERVICES IN BORDER AREAS*

Practice 5. “Centers for the Integration of Migrants (CIM) at the Northern Border”.

In **Mexico**, there is a significant number of migrants from Central and South America concentrated at the northern border with the United States. Some of them are waiting outcomes of asylum procedure in the US, other are returning from the US. Many other have opted to seek residence in Mexico. For this reason, the Government has established Centers for Migrant Integration (Centros Integradores para Migrantes de la Frontera Norte-CIM) to provide migrants with essential services through dedicate, safe, and dignified assistance points. Services include outpatient medical care and 24 hours emergency assistance, shelter, dental care, psycho-social assistance, as well as food distribution, education and recreation activities for children, assistance to employment, and registration for obtaining identification documents. The Centre “Leona Vicario” for example started activities in June 2019 in Ciudad Juárez in the State of Chihuahua, followed in December 2019 by CIM “Carmen Serdán”, in Tijuana-Baja California. The Centers work in collaboration with other National Departments for aspects such as social security, migration management, and employment, i.e. ‘Servicio Nacional de Empleo de la Secretaría de Trabajo y Previsión Social’, “Instituto Mexicano del Seguro Social, del Sistema de Administración Tributaria” and the ‘Instituto Nacional de Migración de la Secretaría de Gobernación’. Since their opening, more than 7,000 migrants have been assisted.

Lessons learned. In 2020, the centres were instrumental for the implementation of public health measures to reduce the spread of COVID-19 infections. Such actions are developed within the scope of the ‘Plan de Atención a Migrantes en la Frontera Norte’ aiming at the social integration of this population groups.

(Unidad de Política Migratoria, Registro e Identidad de Personas. Mexico)

Practice 6. 'Casa Monarca, reception and protection center for asylum seekers, refugees, returned and transiting migrants'.

In **Mexico**, ever since the closure of the US-Mexico borders, the State of Nuevo Leon has grown in popularity as a resettling State for immigrants and asylum seekers from Central and South America transiting the country. Asylum applications in Mexico have jumped from 14,600 in 2017 to 70,427 in 2019. Whilst most of the applications occurred in southern Mexican cities where large numbers of migrants await their resolution, the NGO *Casa Monarca Humanitarian Aid for Migrants* - in collaboration with the *United Nations High Commissioner for Refugees* (UNHCR) - has relocated an estimated 100 families per month to Monterrey/Nuevo Leon where economic and employment opportunities are better, and where important migrant communities are already established in border areas such as Tamaulipas and Coahuila. Yet, migrants face important socio-economic and cultural integration challenges in view of prevalent xenophobia and anti-migrant sentiment (out of 48 interviews conducted in 2016, 60% of migrants reported feeling discriminated against). Since 2016, the NGO *Casa Monarca*, UNHCR, private donors, and local partners have designed programs that enable migrants to express their needs, inform assistance programmes, and participate in their implementation as active members of the community.

To sustain this process, it was decided to create a safe space where refugee families, internally displaced people, irregular and circular migrants including those forcefully returned, and those returned under the *US MPP-Migrant Protection Protocols*²⁴ could meet their basic service and integration needs. With funding from UNHCR, a large shelter and community facility has been built. This allowed amongst other to support in the period 2015-2020 the integration of 17,442 migrants, returnees and internally displaced people, with health services, psychosocial support, local and legal orientation, schooling, meals, clothing, and housing support. Casa Monarca has partnered with government officials (health and legal) to ensure prompt referral to health and legal services in addition to employment, education and housing opportunities. With loss of employment due to the closing of local businesses during the COVID-19 Pandemic, *Casa Monarca* has launched a campaign that so far has offered to 20 unemployed refugees and migrants women, training opportunities in handcrafting. This has included the production of much needed surgical facemasks, later donated to local communities in Monterrey. A total of 50 gardens for crop production have been donated to refugee families who live in Juárez/Nuevo Leon, to support their livelihood, and offer economic and occupational opportunities.

Lessons learned. Human-right based approaches and community-informed programmes are vital to promoting migrants 'integration. Understanding migrants' and host communities' needs and context, enables the successful implementation of programmes.

(*Casa Monarca, Humanitarian Aid for Migrants. Mexico*)

Reference: <https://www.acnur.org/noticias/2019/1/5c49003a4/acnur-y-casa-monarca-comienzan-construccion-de-nuevo-albergue-en-monterrey.html>

²⁴ The *US MPP-Migrant Protection Protocols* is a US Government program which sends asylum seekers back to Mexico for the duration of their U.S. asylum request process, and only allows them to temporarily enter the United States to attend court hearings.

Amongst the most vulnerable migrant groups, LGBTI migrants may experience intersecting oppression, discrimination, and barriers in accessing the essential services they need, based on their sexual orientation and/or gender identity/expression, in addition to their migration status.

> *CARING FOR THE MARGINALIZED*

Practice 7. “Mi casa fuera de Casa”: Supporting LGBTI Migrants from Venezuela in Ecuador’.

In **Ecuador**, an increasing number of nationals from Venezuela are seeking asylum. Amongst the most vulnerable are LGBTI migrants, who face discrimination, marginalization and barriers in accessing services based on their sexual orientation and gender identity (SOGI) in addition to migration status. As a result, they often lack safe and inclusive spaces, and many face urgent needs for health care and medication. The Canadian government has partnered with the local Civil Society Organization Dialogo Diverso and supported the first gathering place and reference center for LGBTI migrants to access health and other services, and help link them with local support networks.

The project started with undertaking a diagnosis of the situation of the Venezuelan LGBTI population in Ecuador, which informed the development of the reference center. The center established in Quito offers a space for the LGBTI people to present their needs and obtain swift and comprehensive information on where to access the services required. The center has agreements signed with various service providers to facilitate access to psychological therapy, health services (including HIV treatment), job search, temporary shelter, legal support and national and regional integration activities.

To date, an approximate 200 LGBTI people from Venezuela and other nationalities were helped by the information and reference center. This project's first successful phase has led to a second phase, which focuses on the promotion and protection of the rights of LGBTI migrants from Venezuela.

Lesson learned. This initiative, people-centered and gender-responsive via a whole-of-society approach, is designed to meet the needs of a group of migrants often marginalized and facing severe discrimination.

(Dialogo Diverso, Ecuador)

Reference: <http://dialogodiverso.org/servicios-copy-2/>

A large review of practices collected per region and published by WHO²⁵ offers an additional wealth of experiences and views in the implementation of health aspects of GCM Objective 15.

²⁵ WHO Reports on situation analysis and practices in addressing the health needs of refugees and migrants. 2018. <https://www.who.int/migrants/publications/situation-analysis-reports/en/>

2.2 Spotlight: Migrants' challenges in the COVID-19 pandemic

The COVID-19 pandemic has left no country or social group unharmed; yet, similarly to any other severe crisis it has been harsher on the most vulnerable individuals, whether the causes of their vulnerability were physical or bio-medical, or socio-economic.

In general, the often-harsh conditions in which migrants move, live and work, can determine specific vulnerabilities in the context of emergencies, including pandemics. These conditions include inadequate access to health, housing, water, sanitation, education, child protection and other basic services.

> Tab. 5 UNMN: Enhancing Access to Services for Migrant in the Context of COVID- 19 Preparedness, Prevention and Response and Beyond²⁶

SPECIAL CONSIDERATIONS	RECOMMENDATIONS
<ul style="list-style-type: none"> • The right to the enjoyment of the highest attainable standard of physical and mental health care • Non-discrimination and equitable access to health services and medical supplies including vaccines and • People-centered service systems and continuity of care, • Gender equality, and prevention and response to sexual and gender - based violence • Age-sensitive support and protection • Education and training strategies for continued learning for all migrants, including children • Access to adequate housing, water and sanitation • Equal treatment at the workplace • Social protection and mitigation of socio-economic impacts • Engagement and empowerment of local authorities and grassroots actors • Participation and inclusion of migrants in COVID-19 response and recovery plans 	<ul style="list-style-type: none"> • Ensure inclusive access to essential lifesaving health services and continuity of care • Prevent and support victims of sexual and gender-based violence (GBV) • Ensure access to accurate and timely information, conduct risk communications and strengthen community participation and engagement • Ensure access to child protection services for migrant children • Secure sustained learning for children and adolescents including on-job and skilled training • Ensure access to adequate housing and shelters • Ensure continuity and quality of water, sanitation and hygiene services (WASH) • Maintain essential food and nutrition services • Scale up and expand resilient and pro-poor social protection systems • Enhance decent work and reinforce protection occupational health and safety measures for migrant workers

²⁶ United Nations Network on Migration. Working Group on Access to Services: *Enhancing Access to Services for Migrants in the Context of COVID- 19 Preparedness, Prevention and Response and Beyond* (2020). https://migrationnetwork.un.org/sites/default/files/docs/final_network_wg_policy_brief_covid-19_and_access_to_services_1.pdf

In many countries, the COVID-19 epidemic has risked suspending critical integration support activities that ultimately enable migrants access to essential services. Additionally, limited access to information due to language and cultural barriers, renders key communication on COVID-19 and guidance particularly difficult to disseminate to migrant communities.

> *MULTI-LINGUAL, AGE-APPROPRIATE COVID-19 INFORMATION, AND ADAPTATION OF INTEGRATION ASSISTANCE SERVICES*

Practice 8. 'Multilingual information and prevention campaigns, and continuation of integration, courses and advisory services'.

In **Germany**, within the scope of the "Zusammen gegen Corona" campaign (Together against Corona), the *Federal Ministry of Health (BMG)* provides various target groups with a wide range of information about the coronavirus. On the BMG's website, articles on a variety of topics are available in German, English, Turkish and Russian. In addition, coronavirus information fliers can be found in 22 different languages. Information for travelers returning from abroad is also available in German, English, French, Turkish, Polish and Czech at all major motorway service areas across Germany. At the beginning of the pandemic, foreign caregivers, among others, were reached with information in multiple languages using social media channels. Topics included *how can I protect myself? What should I do if I feel ill? What do I need to consider when using public transport?* These shareables also contained information concerning border crossing and COVID-19 infection symptoms.

With the start of the national vaccination campaign at the end of December 2020, information materials on coronavirus vaccination were successively translated into nine foreign languages. Informational and educational films on COVID-19 vaccination have subtitles in several languages. Furthermore, with funding from the Federal Ministry of Health, an audiovisual, multilingual software solution in form of an App is currently being developed to provide foreign-language speakers, and visually or auditory-impaired persons with vaccine information regarding currently authorized COVID-19 vaccines. During the pandemic, the *Federal Office for Migration and Refugees (BAMF)* has ensured that key basic assistance for integration in terms of courses and advisory services remained available. This included *integration courses*: as of 1 April 2020, it has been possible to offer integration courses (i.e. basic courses providing *German language* classes, and general cultural and civic orientation) through online platforms so as to ensure that participants maintained what they had already learned. By July 2020, some 50,000 students had benefited from this "lessons in a virtual classroom". There is also a range of flexible classroom-based or hybrid models mixing classroom and online learning, used by more than 61,000 new participants. Organisations providing courses can apply for an additional 'pandemic grant' to give them greater flexibility in meeting the extra costs they face due to the pandemic. Many course organisers were able to switch to digital formats in response to the lockdown, which began on 16 December 2020.

In cases where neither classroom-based nor online classes are possible, course organisers can apply for grants to protect them from bankruptcy and to ensure the ongoing viability of the course system as a whole. More than €170 million have already been paid out in the form of these grants. The Ministry for Migration also uses online and hybrid tools for their orientation courses for asylum seekers, female migrants, and migrants from the former Soviet Union.

Online advisory services predating the pandemic has proved extremely useful during the lock-down. Since the onset of the pandemic, the work of the migrant advisory services has been determined by the changes occurred in the world of work, such as travel restrictions, the specific setting in which advisory services are provided, and changes in the communication channels with concerned authorities (e.g. foreign authorities, government employment agencies, job centres, social benefits offices, housing offices, etc). Funding from the budget item for MBE (2020: €70.7 million) has not been reduced since the start of the pandemic. In addition, where necessary, federal associations providing support to migrants have been able to reallocate funds to cater for particular needs, for example to pay for additional video interpreting services, higher expenses for online advisory services resulting, for instance, from training advisory staff or procuring new equipment for online advisory services, etc.

Lessons learned. The provision of reliable and regularly updated multilingual information responds to individual and regional requirements. Such measures also serve to ensure barrier-free access to a vital service (e.g. vaccination), thereby contributing to the target groups' equal treatment and, in turn, improving the addressed population's vaccination adherence. In terms of integration support, vulnerable groups and those with limited personal networks - if they seek out advisory services at all - have been found to be particularly impacted by the pandemic, and the online advisory service has proved extremely useful. The adaptation of integration and advisory assistance services to the pandemic situation have proven necessary and effective.

(Federal Ministry of Health and Federal Office for Migration and Refugees, Germany)
Reference: www.zusammengegenercorona.de

The UN and other actors' efforts to '*leave no one behind*', requires specific consideration of the COVID-19 pandemic. Actors need to take into account the situation of the over 300 million people forced to flee their homes, stateless people and people living in camps, slums or in the margins of society,²⁷ and the fact that legal status matters in determining vulnerabilities. Undocumented migrants, including refugees, and those facing the uncertainty of applications for asylum, the homeless and those without a fixed residency, such as IDPs, are often marginalised if not excluded in national programmes of disease prevention, treatment and care, and social protection. This situation makes early detection, testing, diagnosis, contact tracing and care particularly difficult, and increases the risk of infection transmission.

²⁷ UNSDG. A UN framework for the immediate socio-economic response to COVID-19. April 2020

This leads to stigmatization, misinformation and scapegoating on the spread of COVID-19.²⁸ Outbreaks among migrants in vulnerable situations may go unchecked, as many undocumented migrants fearing administrative repercussions avoid referring to public services.²⁹ In such situations, Civil Society Organizations play a critical role in filling gaps left by public administrations.

> CIVIL SOCIETY ORGANIZATIONS STEPPING FORWARD

Practice 9. 'Integration of migration in program design and implementation'.

In **South Africa**, large immigration inflows are linked to job opportunities in the mining, manufacturing and agricultural industries that make South Africa a regional hub for migration.

Current health policies in South Africa are restrictive towards migrants, particularly on the undocumented; South Africa is struggling to define a post-apartheid migration policy that is responsive to its changing role in Africa, especially the relationship between migration and development. Annual national budgets need to consider migration, especially along the education and health sector, and enhance and harmonise migration management policies. In this context, it is a critical priority to the *South African Red Cross Society* (SARCS) to support the government in responding to migration challenges through migrant services such as advocacy, health & care, psycho-social support, and Restoring Family Link (RFL). SARCS has been engaging in advocacy interventions at both national and provincial level to ensure migrants' access to basic services. The ongoing COVID-19 pandemic exposes immigrants to insecurities linked to food, livelihoods and shelter. The fact that most immigrants are engaged in informal jobs makes them more vulnerable during COVID-19 since lockdown restrictions and limited movements have caused most companies to shut down, especially in the hospitality, mining and informal sectors. This resulted in many migrants losing their sources of income and increased their vulnerabilities and risks. SARCS has embarked on an inclusive response to COVID-19 pandemic. In view of economic hardship experienced during the pandemic, most migrants were clustered in shelters and relief camps with no means of livelihoods except for the aid of humanitarian and civil society actors like SARCS for hot meals and hygiene packs. The SARCS' health assistance for migrants includes free COVID-19 tests, screening and contact tracing, assistance and protection provided at key points along migratory routes. SARCS will continue providing coordination, teams for assistance and protection services for migrants, building partnerships and collaborations with other actors and agencies, strengthening referral systems, training staff and volunteers, involving migrants to foster their integration, and engaging and advocating with host communities and government towards addressing migration challenges in the country.

²⁸ United Nations Network on Migration. *Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond*, 2020

²⁹ WHO, *Apart Together* survey. *Preliminary overview of refugees and migrants self-reported impact of COVID-19*, 2020

Lessons learned. Engaging local communities and government on migration awareness, and continuously utilize available platforms to advocate for migrants' access to basic services is key to ensure their effective integration.

South African Red Cross Society – SARCS, South Africa

Practice 10. Ensuring access to essential services for migrants, irrespective of status, during COVID-19.

In the **Maldives**, one of the 'Small Island Developing State (SIDS)' with middle-income country status (MIC) and a population of 557,426 inhabitants sparsely distributed across 188 islands, live at least 145,000 migrant workers. Despite being essential to the workforce, migrant workers in the Maldives are often a marginalized community facing socioeconomic challenges and violation of rights. Those involved in low-skilled labour are often more vulnerable to exploitation and inadequate low wages. Many of them live in conditions of overcrowding and duress, and face discrimination and exclusion, sexual exploitation, language and cultural barriers, informal and formal barriers to accessing essential services, fear and reality of deportation, deceptive recruitment practices, wage theft, passport confiscation, unsafe living and working conditions, excessive work demands, and corruption. The Maldivian Red Crescent (MRC) implements systemic interventions to improve the conditions of the migrant community. Practices include:

i) **RCCE- Risk Communications and Community Engagement Work.** Migrant workers in the Maldives face challenges in accessing health related information due to language and cultural barriers. In order to ensure that migrants were able to access lifesaving information on COVID-19, and to help reduce the risk of the spread of the disease, the MRC supports public authorities in RCCE work, mobilizing MRC's migrant volunteers. Various materials were translated into multiple languages. With the help of migrant volunteers, information sessions were organised for companies employing migrant workers so that information could be disseminated. MRC was able to reach over 9000 people directly. This work was replicated in various atolls across the country.

ii) **Meal Provision and Distribution of Hygiene Kits** (April-December 2020). The MRC worked to provide meals/groceries to migrant workers when a city-wide lockdown was enforced in Male' the capital city. Labour quarters that migrants were living in, came under full quarantine, making accessing food, delivering cooked meals, and buying groceries challenging. Through establishing a Migrant Support Centre, the MRC was able to overcome these challenges by providing meals directly to the migrant workers quarantined, and by facilitating delivery passes to food outlets that

catered to migrants in the city. This was done with the support of local eateries and businesses that donated funds and resources to carry out the intervention. In addition to the provision of meals, hygiene kits were also distributed. The MRC was able to provide and facilitate over 431,000 meals and served over 9800 people. Over 1200 hygiene kits were provided during the lockdown.

iii) **Assessments of Migrant Households under Lockdown, Labour Quarters, Isolation and Quarantine Facilities for Migrants.** Specific isolation and quarantine facilities for migrant workers had been set up/designated across the country. With concerns raised over meeting the required minimum standards, the MRC conducted independent assessments of the isolation and quarantine facilities, as well as assessments of migrant households under lockdown and labour quarters for migrants. A total of 27 Rapid Assessments were carried out. With the support of migrant volunteers, the National Society was able to carry out these assessments through physical observations, focus group discussions, and questionnaires that allowed the MRC to analyse the gaps that existed. Based on these rapid assessments, recommendations were presented to the State to give guidance on meeting the many needs that existed, around water, sanitation and hygiene, health services, and the protection, dignity, and rights of those that were admitted into these facilities.

iv) Registrations for Undocumented Migrant Workers as part of the COVID19 vaccination work: The MRC is currently facilitating the registration of undocumented workers for the COVID19 vaccine through the Maldivian Red Crescent Beneficiary System (MRC BenSys), allowing all migrant workers to have access to vaccination and working towards better vaccine equity. MRC volunteers are trained on the BenSys before engaging in the registration process to ensure data protection and smooth delivery of service. The current systems set up by the State allow nationals and migrants with valid documentation to sign up via a central portal, however, those without updated documents are excluded.

Lessons learned. i.) Vulnerable people face exacerbated challenges in prolonged emergencies such as COVID-19, a crisis that continues make more evident the fact that migrants meet obstacles in accessing basic services, not only during disasters, but also when trying to overcome them. Responses must address the many unique and diverse needs of people, especially those who face challenges in accessing public services. ii.) Better advocacy and impactful lobbying have made tremendous differences. The issues around labour migration are challenging to navigate, but while operating in a humanitarian space, the MRC has been able to uphold its impartiality, neutrality, and independence, while working to alleviate the suffering of a vulnerable population. The relevant State agencies recognise and acknowledge the National Society's work and reach in these areas, and the MRC is a lead actor when it comes to upholding and supporting the rights of migrant workers. iii.) Strengthening access to basic services during peace-time can reduce challenges during emergencies. When social protection services and/or health services are overburdened during times of crises, it is important that access to these systems are strengthened through ways to scale up services and to cater to escalating needs. This is especially true where the protection, safety, dignity, and rights of people are concerned.

(Maldivian Red Crescent, Maldives)

Reference: <https://redcrescent.org.mv/document-category/press-release-statement/>

The disproportionate impact of the COVID-19 pandemic on migrants has been defined as **three interlocking crises**³⁰, exacerbating each other:

1. The first one being a **health crisis**, with migrants exposed to the virus with too limited tools to protect themselves. This is particularly true for those most vulnerable such as those with health needs, those in precarious living conditions, low skilled migrants, refugees, asylum seekers or IDPS, and migrants in an irregular situation. These groups may not have access to testing facilities or do not have access to information in a language they can understand. They often are less inclined to seek assistance in hospitals for fear of economic or administrative consequences, including detention or deportation³¹, or fear of losing their livelihoods if tested positive. All this can cause potential negative consequences for their own health and that of others. In the event of migrants dying abroad, bereaved families also face immense difficulties in providing dignified burials to loved ones and go through complex administrative procedures.

> *LAST RIGHTS*

Practice 11. "The Last Rights project"

In **several countries**, the UK Registered Charity "Methoria" assist bereaved migrant families, who mourn over the death or disappearance of a loved one, and face immense difficulties in accessing public services in their effort to learn about the fate and whereabouts of a missing or deceased relative, understand the manner and cause of death, and honour the dead and lay to rest the remains.

National responses to the pandemic have often failed to take into consideration the specific needs of bereaved migrant families and have raised additional legal and practical barriers. *The Last Rights project* spoke to migrant families in different parts of the world (France, Greece, Germany, Italy, Mexico, South Africa, United States, Zimbabwe) and was able to gather some best practices to support access to services for migrants coping with death and bereavement. Assistance provided include:

i.) **access to information.** Bereaved families have the right to know about the fate and cause of death of a loved one. This information is of relevance not only to their search for truth, justice and closure, but also to the protection of their own health; the medical history of a relative may be important for their own health and future psychological and medical problems. Although the pandemic has claimed thousands of lives, most States do not publish statistics on death- and transmission- rates of COVID-19 among migrant communities. This has exacerbated uncertainties and lingering questions among migrant communities. Information about the cause of death is often unavailable, especially in situations of unidentified remains. Many bereaved families never learn what happened to a dead or presumably dead relative,

³⁰ United Nations. *Policy Brief: COVID-19 and People on the Move*, June 2020

³¹ WHO. *ApartTogether survey: preliminary overview of refugees and migrants self-reported impact of COVID-19*. 2020. The 21.9% of migrants interviewed have declared fear of deportation amongst the reasons for not seeking medical attention in case of suspected COVID-19 symptoms.

because the remains were never identified. The pandemic has created additional problems since in various locations, there is a lack of identification-oriented guidelines, in other words guidelines on how to handle the body, conduct an autopsy, register and store post-mortem data, etc. whilst averting the risk of contamination;

ii) access to health care. Bereaved migrants are at increased need of counselling and mental health care support to cope with bereavement as well as the strain of completing the necessary administrative procedures related to death management. In many situations NGOs undertake to provide such services, subject to funding.

iii) access to funeral services. Migrant families have the right to honour the dead with due respect to the person and in accordance with their culture and traditions. Migrant families, especially those located abroad, face a number of legal and practical obstacles during this process. These have been further exacerbated by travel- and funeral- restrictions since the outbreak of the pandemic. Assistance might include family visa for funeral purposes, access to in-hospital funeral rituals, access to burial assistance program, access to live-streaming funeral services.

Lessons learned. National policies should take into consideration the particular needs of bereaved migrant families and the legal and practical challenges they face in accessing public services. Access to health encompasses not only access to medical treatment in a hospital setting, but also access to information about death, access to mental health care to cope with bereavement, and access to effective funeral services, as a means of protecting and promoting both the mental and physical health of the bereaved and the communities.

(Registered Charity "Methoria", United Kingdom)

Reference: "Every Body Counts" <https://drive.google.com/file/d/1f3QRFCcQmeI5AmhAug38JVTRmfccQyHA/view>; *Mytilini Declaration* http://lastrights.net/LR_resources/html/LR_mytilini.html

2. The second COVID-19 related crisis, is a **socio-economic crisis**, particularly for migrants working in the informal economy or in sectors hardly hit during the pandemic and where migrants are over-represented, such as care work, domestic work, accommodation, hospitality and food services, and agricultural production³². Migrants are generally more likely to have non-standard or informal contract, shorter job tenure, and lower-skilled occupations compared to natives, and the combination of these factors makes their employment status particularly sensitive to business cycle fluctuations and increases their vulnerability during economic downturns³³. Loss of more stable and protected employment, loss of income and rising of debt, lack of social protection and safety nets have exacerbated situations of exploitation, insecurity and abuses, and the risk of becoming homeless.

³² LMIC. *Immigrant Employment in Sectors Most Affected by COVID-19*, 2020.

³³ VOX-EU. F.Fasani, J.Mazza, *COVID-19 and migrant workers' employment prospects in Europe*, 2021

Remittances proved to be resilient during the crisis. However, some migrants lost their income which has severely impacted the individual families in the countries of origin. Some migrants who lost their employment had to return home. Under increased strains coming from insecurity and financial worries, women and girls have had to face higher risks of gender-based violence, and aggravation of their social vulnerability to exploitation and trafficking. Child labour and child marriage have increased, as well as abuses on minors, women and girls in situations of displacement or in long-ongoing confinement situations or caused by additional stress.

School closures and distance learning have disadvantaged migrant and displaced children who might have less access to computers and internet, quiet places to study, and lack proficiency in local language, or were dependent of school meals. The temporary closure of immigrant integration courses for adult immigrants and language learning have delayed the social integration of newly arrived immigrants, particularly the lower educated, and have exacerbated pre-existing inequalities and disadvantages.

› *Empowering migrants, including families and children, for resilience and to combatting COVID-19*

Practice 12. "Good local practices to protecting and integrating migrants during COVID-19".

In **Mexico**, the federal Migration Policy, and People Identity Registry Unit (Unidad de Política Migratoria, Registro e Identidad de Personas - UPMRIP) and the *National Coordination of State Offices for Migrants' Attention* (CONOFAM) coordinate action of 29 State Government's Offices (ONOFAMs) throughout the country. In collaboration with local institutions and IOM, these institutions implemented during the COVID-19 pandemic a series of actions at State level in favour of migrant populations, including Mexicans returning from abroad.

This is in line with the *Federal Mexican Government's New Migration Policy (2018-2024)* which puts people, and social, cultural and economic development at the center of the policy agenda, at origin, transit, destination and return. CONOFAM aims at providing services and protection to immigrants, and to national emigrants both in country and abroad, and at supporting the development of their communities of origin. Initiatives implemented included reception, orientation, and vocational training. In particular, in the *State of Chihuahua*, migrant workers in the hospitality industry and other migrant personnel have been trained in managing the risk of COVID-19 transmission and become health promoters, while enhancing safe business continuation. In the *State of Mexico*, migrant families have been trained in small business entrepreneurship to foster resiliency. In *Michoacán*, a 'Reception and Orientation' briefing module has been developed for newly arrived migrants, to continue supporting their integration during the pandemic. In *San Luis Potosí*, a monitoring and follow up mechanism has been put in place to trace and reintegrate Mexican migrants returnees, mainly from United States and Canada in the aftermath of the crisis.

Lesson learned. It is important to integrate actions that address holistically immigrants and emigrants in various phases of their migration journey, and to enhance public awareness towards comprehensive and coordinated actions. Participation and coordination of initiatives between central and local government institutions is often key.

(Unidad de Política Migratoria, Registro e Identidad de Personas -UPMRIP Mexico)

Reference: <http://politicamigratoria.gob.mx/es/PoliticaMigratoria/>

3. Third, a **protection crisis**; travel restrictions and closure of borders have impacted the capacity of people on the move to seek international protection abroad, and have left vulnerable migrants stranded without support in countries of destination, transit and origin. Asylum seekers and refugees, including unaccompanied and separated children and children in families, have been denied entry and were sent back to transit countries where reception facilities, shelters, and emergency support are limited in their capacities due to lock-down and movement restrictions.

Many migrants, asylum seekers and refugees waiting a possible admission by destination countries have also been stranded at border areas of transit countries, where reception and service provision capacity is lacking. Migrants rescued at sea, have often not been allowed to disembark, while several countries have suspended or delayed the granting of asylum or refused to afford humanitarian protection to those in need, in accordance with international law obligations. Large groups of migrants who had lost their job or were undocumented, have been forcibly returned to countries with already struggling economies and overwhelmed by the sudden influxes of people requiring quarantine and care – often after having been detained in situations of high risk for infection transmission³⁴. This includes children held in confined and overcrowded spaces with inadequate access to nutrition, healthcare, and hygiene services and vulnerable to neglect, abuse and gender-based violence³⁵. Migrant raids, attacks, immigration detention (often under the pretense of public health measures), anti-migrant sentiments, stigma and discrimination have increased, along with the scapegoating of migrants accused of purportedly bringing the virus to communities.

Several countries, humanitarian and development partners, and civil society organizations have responded to this triple crisis with urgent corrective measures, innovative practices, guidelines, and mobilization, and have linked the response to the COVID-19 related challenges migrants and refugees were experiencing, to the implementation of the objectives of the Global Compacts³⁶. To this effect, the importance of **whole-of-government and whole-of-society approaches** is more important than ever, and the cooperation between local, national, and international stakeholders crucial to devising concerted and cross-sector initiatives and ensure migrants 'access to services.

³⁴ Lancet Migration. *Situational and policy briefs: COVID-19 and migration*. <https://www.migrationandhealth.org/migration-covid19-briefs>

³⁵ see: <https://www.unicef.org/press-releases/children-detention-are-heightened-risk-contracting-covid-19-and-should-be-released>

³⁶ United Nations Network on Migration. *Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond*, 2020.

> ONE UN: MOBILIZING AGENCIES TO ADDRESS THE NEEDS OF MIGRANTS AND COUNTRY

Practice 13. “Addressing the health needs of migrants and asylum seekers during the COVID-19 pandemic through a joint effort”.

In **Mexico** although in 2020 migration flows to the United States through Mexico declined, local applications for asylum have increased by 33%. Most of the 17,800 new asylum seekers were from Honduras, Haiti, Cuba, El Salvador and Venezuela. Given the closure of many public shelters in view of emergency regulations set to curb the spreading of COVID-19, a key issue to address was to ensure safe haven to thousands of migrants and asylum seekers compelled to stay in the streets.

This situation presented three interconnected challenges:

- i.) to encourage shelters to stay open and to receive new groups of migrants minimizing the risk of contagion;
- ii.) to protect migrants and shelters 'personnel from getting sick with COVID-19; and
- iii.) to provide timely access to health information and care for migrants affected by COVID-19.

A joint effort was carried out by UNHCR, IOM, UNICEF and PAHO/WHO in support of shelters run by civil society organizations so they would continue hosting incoming migrants and asylum seekers while minimizing the risks of spreading COVID-19 among them. Support was provided to 93 civil society shelters to keep on welcoming migrants while carrying out preventive measures against COVID-19. In the State of Chapas, disinfectant, hygiene products and protective equipment were delivered along with COVID-19 information material in Spanish, English, French and Creole jointly developed by the UN agencies and the ICRC. A video production about the correct use and disposal of protective equipment was developed and tailored for shelter personnel. UNHCR, IOM and UNICEF organized webinars with the technical support of PAHO/WHO experts to provide general information about the disease, strengthening the importance of public health interventions and helping shelter personnel to organize quarantine and isolation rooms. A permanent communication channel was established with health authorities through a WhatsApp chat to ensure timely referrals.

The joint initiative allowed for the swift development and distribution of informative materials, protective equipment and hygiene kits and the guidance provided through webinars helped many shelters to stay open. The initiative also allowed for quick information sharing with the officers of the Ministry of Health, as well as timely detection and access to care for sick migrants staying at those shelters.

Lesson learned. *The UN Inter-agency Working Group on Health and Migration* provided a strong foundation for the joint initiative and was key to ensure an effective and timely coordination among partners. Alignment and coordination must be strengthened with migratory authorities (e.g. National Institute of Immigration) to improve detection and care for migrants with COVID-19. Given the Mexican

health system's segmentation and fragmentation, further efforts must be devoted to ensuring that public health providers at local level comply with the federal government policy regarding equal access to care for asylum seekers and migrants. The experience suggested to expand the joint work to other locations along the migratory route throughout the country.

(PAHO-WHO, Mexico Country Office)

Reference: <https://news.un.org/es/story/2020/04/1473522>

With urbanization being a global mega-trend, cities were hardest hit during the COVID-19 crisis. Local authorities had the immense challenge to respond to the COVID-19 while trying to leave no-one behind, including migrants. This was often rendered more difficult by pre-existing lines of inequalities and marginalization.

> CITIES IN THE FRONT-LINE

Practice 14. 'SFAX - Multi-stakeholder cooperation projects to ensure migrant access to services amidst COVID-19' and 'Supportive SOUSSE - Evidence-based cooperation response plans to make services and information accessible'.

In **Tunisia**, the Municipalities of Sfax and Sousse, are members of the 'United Cities Local Governments (UCLG)' network, and within the scope of the "*Mediterranean City-to-City Migration (MC2CM)*"³⁷ initiative to support Cities' response to the COVID-19 Outbreak. Both municipalities have implemented projects of Local Governance and partnership to facilitate migrant access to services in the context of the pandemic.

In **Sfax**, an underestimated number of migrants were in need of information and access to health and social services when the epidemic of COVID-19 started. Many had lost their jobs and were in need of support to livelihood. Their conditions worsened with the imposition of the lock-down. Additionally, the Municipality faced *three key challenges*: the absence of a national normative framework for the

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³⁷ MC2CM is an initiative implemented since 2015 by ICMPD (International Centre for Migration Policy Development), in partnership with UCLG and UN-Habitat, to improve migration governance at urban level, including migrants' access to basic services and human rights. MC2CM aims at contributing to more open and inclusive cities by drawing on migrants' potential to benefit cities and their economies. The project is funded by the European Union through the **Directorate General for Neighbourhood and Enlargement Negotiations (DG NEAR)**, and co-funded by the Swiss Agency for Development and Cooperation. UCLG is an umbrella membership international organization for cities, local and regional governments and municipal associations throughout the world, with Headquartered in Barcelona; UCLG is concerned with representing and defending the interests of local governments on the world stage; UCLG has over 240,000 members in over 140 UN Member States across seven world regions: Africa, Asia-Pacific, Euroasia, Europe, Middle East & West Asia, Latin America and North America.

protection of migrants; no defined Municipality's mandate and competence to act in favor of migrants; lack of coordination between the Municipality and decentralized authorities.

The Local Government initiated an evidence-based crisis response to ensure that migrants had uninterrupted access to services, and to this effect various actions were taken:

- i.) the Municipality launched an official appeal, calling upon local civil society, refugee and migrant associations, investors and citizens to join a solidarity initiative for refugee and migrant communities in precarious situations;
- ii.) the Municipality called upon IOM for assistance, which led to the distribution of care packages and vouchers to vulnerable migrants and refugees in the city, with associations of migrant students and entrepreneurs playing a key role in the reaching-out to communities;
- iii.) the Municipality of Sfax leveraged existing cooperation with a wide range of civil society organizations, migrant and refugee-led associations and the local university to provide information on quarantine measures and access to essential services to vulnerable populations, who were difficult to reach through official channels;
- iv.) in order to ensure universal access to health care for all persons suffering from COVID-19, the Mayor of Sfax called upon the Governor of the Sfax Governorate and the Regional Health Directorate to allow migrants access to health services and COVID-19 testing and treatment in hospitals irrespective of legal status. The Municipality also collaborated with other decentralized entities and the Organization "Médecins du Monde" to ensure non-discriminatory access to health services and testing;
- v.) in the spring 2020, the City of Sfax reached out to IOM and "Terre d'Asile Tunisie" to coordinate support for vulnerable populations.

Apart from facilitating emergency response and access to services for migrant populations amidst the pandemic, a major outcome towards planning longer-term strategies was the creation of a database on migrants in the city.

In **Sousse**, a local study and survey among migrant populations during the COVID-19 outbreak highlighted the various barriers faced by migrants in accessing services as several migrants surveyed indicated they didn't think they would receive treatment at the hospital. The findings confirmed the need to strengthen outreach and communication and served to build trust between authorities and the refugee and migrant communities. Furthermore, the municipality became aware that some refugees and migrants suffered from psychological troubles and that several female migrants and refugees were in need of assistance during pregnancy. In order to protect vulnerable communities, the City of Sousse launched a comprehensive support programme in synergy with various stakeholders in the region, with the aim of coordinating efforts through a local ad hoc committee ("Comité local de gestion des aides sociales au profit des migrants, réfugiés et les demandeurs d'asile") and provide social assistance to migrants, refugees and asylum seekers.

This committee has pooled its resources to respond to their pressing needs under the slogan "*Supportive Sousse*". The committee has improved collaboration among actors at the local and national level.

Lessons learned. The MC2CM project has enabled the Municipality to enhance and boost communication between cities by sharing good practices and by strengthening their multi-level communication skills. The City of Sousse is planning to establish an office to welcome and provide information and guidance to migrant communities. Amongst other initiatives to foster cooperation, the city is also planning to establish a migration monitoring centre, which could gather all active local stakeholders working with migrants.

(UCLG, and the Municipalities of Sfax and Sousse, Tunisia)

Reference: UCLG (2020): *Leveraging migrants' contribution to the emergency and protecting the most vulnerable during the COVID-19 crisis #BeyondTheOutbreak.* <https://www.uclg.org/en/media/news/leveraging-migrants-contribution-emergency-and-protecting-most-vulnerable-during-covid-19>

As demonstrated by practices presented, several GCM objectives are essential for the realization of Objective 15 on access to services. These include access to information, legal identity and documentation, decent work, protection for migrants, and sustainable reintegration for migrants who return from a stay abroad.

In fact effective responses to the challenges faced by vulnerable migrants during the pandemic are necessarily multisectoral and implemented through partnership, taking into consideration the full continuum of essential social services, including education, health, housing, water and sanitation, protection, food and employment, but also ethical mechanisms of registration and documentation to ensure the enjoyment of these rights.

The pandemic has unequivocally urged policy makers and communities towards a closer coordination between central and local authorities, and cooperation with civil society and international agencies. Furthermore, the severity of the crisis means civil society and grass-root organizations have the opportunity to advocate not only for the inclusion of migrants within national, regional, or for local response plans, but also to strengthen local systems by identifying and helping addressing gaps in outreach, surveillance, and data gathering.

› PARTNERSHIP BETWEEN CIVIL SOCIETY AND LOCAL GOVERNMENTS

Practice 15. Addressing COVID-19 risk in hard-to-reach population in Rome.

In **Italy**, the Capital City of Rome is one of the largest hub for migration in the country, and concurrently hosts a large population of homeless people. On January 31st 2020, Italy declared a state of emergency due to the pandemic of COVID-19, and by order of the Authority of Region-Lazio, several essential services had to curtail activities in view of the risk of infection transmission. Amongst other, the *InterSOS* community facility located in the seventh district of Rome, that provides documented and undocumented migrants, impoverished Italians, ethnic Roma, and homeless people with outpatient medical care, assistance to victims of SGBV and forced/exploitative

labour, mental health and psycho-social support, information and orientation for specialist referrals, communities health promotion, and other multidisciplinary services such as job orientation and vocational training, soft-skills development, referral to social services, etc. There was therefore an urgent need to guarantee continuity of health services and extend public health measures to disadvantaged and hard-to-reach populations. InterSOS - a national non-governmental humanitarian organization on the front-line of emergencies world-wide, and with particular focus on most vulnerable people – entered in a partnership with the Municipality of Rome-Capital (Local Administrative Authority) and the ASL (Health Authority under the Regional Authority) to reach out to vulnerable groups also through mobile teams. Project ADD-Rome coordinated activities with the SOS Unit (Sala Operativa Sociale) of the City of Rome, entity that provides assistance to disadvantaged people and includes a call center with over 100 social workers, and operates as well mobile units in collaboration with other Municipalities, local health authorities (ASLs), Law Courts, Schools, shelters, nursing and resting homes, and migrants 'reception centers. Activities implemented included both direct service delivery and the designing and delivery of ad hoc protocols for continuous assistance, such as: mapping of migrant informal settlements and other gathering points throughout the city; delivery of health information to target populations to improve access to services during COVID-19; establishment of two mobile outreach team working 6 days a week, which added to the one implemented by the Municipality; training and engagement of Community Health Advisors – i.e. trained mediators able to disseminate information on COVID and measures of protection from exposure; standardization of procedures - based on formal agreements with authorities- on COVID-19 prevention and screenings for homeless; support to Local Authority emergency and social services; designing of a model of health surveillance and social-medical assistance to vulnerable persons; support to the City of Rome's reception centres and «bridge centres» for COVID-19 (i.e. shelters and isolation facilities for homeless, migrants, and other people in need of accessing reception centres while waiting for COVID-19 swab tests results); guidelines for the reopening of reception centres; training courses in reception and secondary centres for Unaccompanied Minors (UaMs); health surveillance and medical visits to the 3 «bridge centres»; quarantine protocol for “bridge centres” in Barzilai and Bakhita (Rome); screenings for hard-to-reach population and capacity building for services dedicated to migrants; training of Local Authorities and Health Officers on how to prevent and manage the risk of SARS-CoV-2 in the Reception Centres of the City of Rome; operator/guests interface management in the context of the COVID-19 epidemic; in the strict respect of confidentiality and privacy, a database has been established with socio demographic and clinical data on individual beneficiaries considered more at risk, in accordance with given criteria (e.g. travel, exposure, symptoms, co-morbidity, etc.).

InterSOS is also part of a larger collaborative framework on migrant health in Italy (i.e. TIS-Tavolo Immigrazione e Salute) that includes several NGOs, Civil Society Organizations and local authorities to promote policies and actions on the health of immigrants at regional and country level. TIS is currently advocating for the inclusion of migrants in COVID-19 vaccination plans regardless of status. *InterSOS* is preparing a list of persons living in informal settlements willing to be vaccinated, and divided into different categories of risk, to connect them with Local Health Authority providing vaccination.

Lessons learned. Among the main lessons learned, the following: cooperation with local and regional authorities is paramount in order to increase effectiveness and avoid duplication. Multidisciplinary team are better able to address the variety of needs of the target population in a quick and effective way. A necessary way forward for the interventions implemented, is to have them transformed from the stage of “pilot” to the stage of policy, and have them included as a standardized, transferrable set of practices ready to be implemented in other geographical contexts and circumstances.

In parallel with the delivery of services, InterSOS developed in cooperation with other stakeholders, advocacy initiatives in support of more inclusive responses in favor of the migrant population. This was well received by authorities, supportive towards a process of coordination and joint formulation and acquisition of SOPs. The interventions implemented in Rome have been extended to other Regions in Italy, including Apulia, Calabria and Sicily through formal local agreements and co-funded by the European Union in the context of the Su.Pr.Eme Italia, a Programme aimed at overcoming the situation of marginalization and exploitation of migrants living in five less affluent southern regions in Italy.

(InterSOS, Italy)

Reference: <https://www.comune.roma.it/web/it/pubblicazioni-dati-e-statistiche.page>

2.3 Education and Vocational Training Services for Migrants

A. Education: context and issues

Worldwide there are more than 33 million the number of international migrant children (UNICEF 2019), with a large majority of them in school-age. This includes approximately 13 million refugee children. Additionally, an estimated 19 million children are displaced within their own countries due to conflicts and violence (UNHCR 2019), and 3 million owing to disasters and environmental changes (IDMC 2019).

Human mobility and displacement often act as adverse determinants towards the full enjoyment of the right to education. Migrant children face many contextual, legal, socio-economic barriers and challenges in accessing education services. These difficulties exist in low-, middle- and high-income countries, with migrant students often facing greater difficulties in accessing and succeeding in education than their country peers. Data on those left behind by education systems are not systematically collected and monitored, and accurate statistics are in general lacking - particularly for children on the move³⁸. Yet, concerns have been expressed on the widening of structural inequalities in accessing education services within societies and between countries, based on social and economic status, remote location/rural-urban divide, sex and gender, language skills, religion, colour, national or ethnic origin, disability, migration status, or because of challenging humanitarian contexts.

³⁸ UNESCO. *Global Education Monitoring Report 2020, Inclusion and Education- All Means All*. 2020threat-refugee-education.html

The COVID-19 crisis has significantly aggravated these inequalities³⁹. For many socially vulnerable migrant children and youth who live in substandard and unsafe housing or in precarious settlements, or for those who do not speak the same language as is used at school and experience digital exclusion, the prolonged closure of school and restrictions on movement may result in permanent drop out from education. This can have long-term repercussions on their right to continuous education, and can negatively impact their and their families' lives. The risk is particularly high for girls, with half of all refugee girls in secondary education projected to not return to school when classrooms reopen (UNHCR 2020)⁴⁰.

4. Closing the digital gap in migrant children education

Practice 16. "School on the move".

In **Turkey**, migrant children and children of seasonal agriculture workers in rural areas lack access to distance learning. Many also require psycho-social assistance. Since 2015, the *Turkish Red Crescent* (TRC) has been using mobile psychosocial support (PSS) teams that consist of trucks designed as child friendly spaces, and smaller vehicles (minibuses) that carry personnel and required equipment. Mobile PSS teams have been working with children in areas where seasonal agricultural workers are settled, and provide protection service to children at risk of dropping out of school and to working children.

During the COVID-19 pandemic the Ministry of National Education (MoNE) has introduced distance education to all age groups via TV channels and online platforms. Since many migrant children, and children of seasonal agriculture workers have no access to the distance education platforms, TRC designated its mobile teams to provide 10,000 children with tablets and education kits. They are also regularly visited and provided with internet connection. Children attend daily online classes (formal education) and take part as well in Child Protection and PSS activities by the Red Crescent. Tablets were distributed to children consistently with daily or weekly planning to allow them to follow official educational programs. A key challenge has been the insufficient number of tablets compared to needs, and the fact that most families had more than one student in house, and lack of tablets can risk causing conflicts among siblings.

Lesson learned. Services provided online have proved an effective additional tool to reach disadvantaged migrant groups. Online child protection and PSS programs have been developed and will henceforth be permanent part of TRC's toolkit.

(Turkish Red Crescent, Turkey)

³⁹ A/HRC/44/39. UNGA 30 June 2020. Report of the Special Rapporteur on the Right to Education. **Right to education: impact of the coronavirus disease crisis on the right to education – concerns, challenges and opportunities.**

⁴⁰ UNHCR. **Coronavirus a dire threat to refugee education.** 2020. <https://www.unhcr.org/news/latest/2020/9/5f508f5b4/coronavirus-dire-threat-refugee-education.html>

Widening education inequalities for migrant children risk perpetuating inequalities in future, and hamper access to decent work, access to higher education, successful integration, and the full realization of their livelihood potential. In many instances school closures can also be cause of interrupted access to other social services, such as school meals, psychosocial assistance, language training and support to integration. For children in vulnerable situation, this can also imply an accrued risk of domestic, sexual, and gender-based violence, child marriage, early child labour, becoming victim of trafficking, or being recruited in armed conflicts. With school closures, child protection services and referral systems at schools also do not function, and child protection risks and needs might go undetected.

The COVID-19 crisis has demonstrated at length how central education is for migrant children - from early childhood to tertiary education - as it intersects multiple intertwined human rights, integration and protection policies, short and longer term positive migration outcomes, and the very realization of Sustainable Development Goals⁴¹.

> *TAILORING INTERVENTIONS TO INDIVIDUAL NEEDS:
A MIGRANT STUDENT-CENTERED APPROACH*

Practice 17. "Special Education Measures for Children and Young Refugees".

In **Portugal**, measures are taken to facilitate the inclusion of young refugees and children in need of international protection, within the national education system in both public and private schools. Considering the situation of vulnerability of these children and youth, the Ministry of Education has established for them special education measures. These measures includes the granting of equivalence for former foreign education, and integration in a corresponding schooling grade; the teaching of Portuguese, and other teachings and learning supports, as deemed opportune by the school; the progressive integration within the Portuguese learning curricula; and the establishment of multidisciplinary teams to enhance the integration of these students.

School attendance should start during the first month following enrollment, or progressively as established by the school. During a first phase, the school might decide on educational activities to prioritize, as adequate to the single case, including dedicated temporarily separate teaching, and supportive Portuguese language learning as vehicular language for other disciplines. For Unaccompanied Minors, an education working group has been established, with the participation of entities charged with the monitoring and follow up of their overall integration.

Lessons learned. The opportunity offered to these students to progressively integrate the mainstream teaching curricula, the support given to Portuguese language learning, and the assistance given by multidisciplinary teams to analyze, propose and implement adequate strategies tailored to individual situations, have

⁴¹ UNICEF. *Beyond Borders: How to make the global compacts on migration and refugees work for uprooted children*, 2017

proved beneficial for the successful inclusion of young migrants into the national education programme.

(National Directorate for Education, Portugal)

Reference: Ofício-Circular conjunto *Medidas educativas de integração de crianças e jovens refugiados no sistema educativo* (Ref.^a n.º S-DGE/2020/2040 – DSDC-DEPEB, de agosto de 2020)

Sustainable Development Goal (SDG) 4 'Quality Education' commits to ensure 'inclusive and equitable quality education and promote lifelong learning opportunities for all'. In particular, SDG Target 4.5⁴², specifically references children in 'vulnerable situations', a group that includes migrant children, refugees and other displaced populations. In the case of migrants, SDG 4 is directly linked to the achievement of GCM Objective 15 and - in like manner to other SDGs and GCM objectives - it cannot be implemented in isolation from other goals and essential service areas. The goal on education is closely linked to other goals such as on health, gender equality, access to clean water and sanitation, and other GCM goals⁴³.

Education sustains children and families in better and faster integrating into their receiving country society, breaking the cycle of poverty through access to higher incomes and improved livelihood. Education also helps fostering mutual understanding and higher levels of tolerance and participation in society. Therefore, providing for, and investing in the education of migrant children is not only in line with several human rights instruments^{44/45} including the 1989 Convention on the Rights of the Child, but is integral for the achievement of key development and migration goals.

⁴² SDG Target 4.5 **By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations**

⁴³ Related GCM Objectives include: Objective 4. Ensure that all migrants have proof of legal identity and adequate documentation; Objective 7. Address and reduce vulnerabilities in migration; Objective 16. Empower migrants and societies to realize full inclusion and social cohesion; Objective 17. Eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration; Objective 18. Invest in skills development and facilitate mutual recognition of skills, qualifications and competences.

⁴⁴ UNGA A/HRC/15/29. **Study of the Office of the United Nations High Commissioner for Human Rights on challenges and best practices in the implementation of the international framework for the protection of the rights of the child in the context of migration**, 5 July 2010

⁴⁵ Education Legal framework: Art. 28 of the **Convention on the Rights of the Child** affirms that primary education should be universally available for free "to all", and that States should encourage the development of different forms of secondary education, including general and vocational education, making them available and accessible to every child. In addition, the Convention provides that educational and vocational information and guidance should be available and accessible to all children; Article 30 of the **Convention on the Protection of All Migrant Workers and Members of Their Families** states that: "each child of a migrant worker shall have access to education on the basis of equality of treatment with nationals of the State concerned. Access to public pre-school educational institutions or schools shall not be refused or limited by reason of the irregular situation with respect to stay or employment of either parent or by reason of the irregularity of the child's stay in the State of employment"; The Committee on the Elimination of Racial Discrimination has called on States to "avoid segregated schooling and different standards of treatment being applied to noncitizens on grounds of race, colour, descent, and national or ethnic origin in elementary and secondary school and with respect to access to higher education"; The Inter-American Court of Human Rights has asserted that access to education is one of the special protection measures with which State parties are obliged to comply, also in the case of children in the context of migration.

⁴⁶ UNGA Resolution 44/25. **Convention on the Rights of the Child**, 20 November 1989

Overcoming barriers

Migrant children and families might face a number of barriers in realizing their right and aspiration to quality and equitable education:

1. **Legal and administrative barriers.** Though many countries grant access to basic education to children of irregular migrants, those without identity documents might face administrative challenges in enrollment (UNESCO, 2017), and risk being restricted to accessing only informal education, which might prevent them from proceeding to the next education level. Their regularization is key to guarantee them the full enjoyment of education rights. Access of migrant students to secondary and tertiary education is often less protected by existing instruments and practices⁴⁷. In some instances, unaccompanied children might face difficulties when requested *proof of residency or guardianship* if they live with families that are not their legal guardians (American Immigration Council, 2016). In other cases, migrant children who lack formal education and the knowledge adequate to enter the schooling level appropriate for their age, may face challenges when rules on age limits for a given grade are too strict. For children of migrants with irregular migration status, fear of being reported can deter from enrollment, or may not be allowed beyond compulsory education. In some situations, States have waived unavailable documentation requirements at the moment of registration. For immigrant children and returning migrant children the expeditious recognition of equivalence of previous education abroad is important since their academic progression might be hampered by too demanding or complex administrative processes.

> REGULARIZATION: A CRITICAL ASPECT

Practice 18. "SEF-going to School".

In **Portugal**, the *Service for Foreigners and Borders* (Serviço de Estrangeiros e Fronteiras -SEF) is part of the Ministry of Internal Affairs whose mission is to implement immigration and asylum policy in Portugal, in accordance with the provisions of constitutional, legal and governmental guidelines. Among other duties, SEF is the agency responsible for border control and the issuing of residence permits to foreign nationals legally residing in Portugal. The Projects '*SEF in Movement* (SEF em Movimento)' and '*SEF going to School* (SEF vai à Escola)' are part of the national Strategic Plan for Migration 2015-2020, and of the European Union *Fund for Asylum, Migration and Integration* - FAMI.

'*SEF em Movimento*' was established in 2007 to reach out and regularize vulnerable migrant groups, such as neglected minors, elders, pregnant women, patients needing bed-rest or hospitalized, people with mental, sensory and

⁴⁷ Ibid. UNESCO 2020.

motor deficits, detainees, and socially disadvantaged groups. To this effect, formal and informal partnership were established with various organizations, including migrants' organizations, Family and Child Tribunals, the National Commission for the Protection of Children at Risk, Social Security, the Service of Prisons, and civil society.

'*SEF vai à Escola*', which is part of a larger migrants' integration programme in Portugal, was launched in 2009 and is based on a partnership between the Ministry of Internal Affairs represented by SEF and the Ministry of Education. It aims to regularize the status of foreign minors in irregular situations attending pre-school, primary and secondary schools, or professional education institutions throughout the country. Despite the fact that national laws allow and encourage the regularization of these minors, lack of awareness or parents' inaction often maintain migrant children undocumented. Although their status does not impede them to access health and basic education, it might be an obstacle to the enjoyment of other rights such as access to higher education or sport at professional level. These programmes promote the integration of vulnerable migrants in irregular situation, reducing their social and education exclusion, also trying to preempt possible anti-social attitudes of adolescents coming to adulthood by prompting their continuous education and integration in the working life. In 2020, despite the COVID-19 pandemic, these programmes have assisted 879 migrant youth.

Lessons learned. The SEF regularization programmes have been instrumental in the integration and access to education and other services for thousands of migrants, including family reunification and access to citizenship. Over the years, the network of partners sustaining these programmes has grown. They enable public and private entities, and grass-root associations close to migrant communities to cooperate in promoting regularization, therefore enhancing the access of migrants to essential services and residence permits.

(Serviço de Estrangeiros e Fronteiras –SEF, Portugal)

Reference: Relatório Imigração, Fronteiras e Asilo (RIFA), 2019 <https://www.sef.pt/pt/pages/conteudo-detalhe>

> RECOGNITION OF PRIOR LEARNING AND CERTIFICATIONS

Practice 19. "New criteria for the recognition and validation of prior learning, and integration in the national education system".

In **Mexico**, Agreement number 02/04/17 has modified norms and criteria regulating the validation of prior foreign education, and the equivalence and inclusion in the national education system (Sistema Educativo Nacional - SEP) of immigrants and returned Mexican emigrants. The Agreement has abolished requirements that were considered obstacles to an expeditious process; in particular, it abolished

the need for official translations, legalization of documents, accompanying identification documents, and was reduced the minimum percentage required of equivalence between curricula and programmes of study. Since the adoption of the new Agreement in 2017, some 9,950 study validation requests were analysed and 9,520 were approved, allowing the inclusion in the national education system and the working life of people in these population groups.

Lessons learned. Prior learning validation and assessment of equivalence need to be expeditious, impartial, flexible, accessible, transparent and efficient. Access, continuation, or transit of students need be facilitated in the best interest of the children. It is important to effectively inform the public on access and modalities to these new procedures.

(Unidad de Política Migratoria, Registro e Identidad de Personas, Mexico)

Reference: Acuerdo 02/04/17, en materia de revalidación de estudios e inclusión al sistema educativo nacional (SEP) https://www.dof.gob.mx/nota_detalle.php?codigo=5480031&fecha=18/04/2017

2. **Socio-economic barriers.** Poverty, child labour, dwelling in underserved sub-urban areas or informal settlement, lack of transportation, low proficiency in local language, or marginalization and alienation might all impede access to education. Inability to pay fees, buy uniforms and school materials, or pressure from their families to earn an income can lead migrant children to high rates of dropout. Migrant children can also face xenophobia and racism in the classroom, especially where large immigration influxes impact on education systems that lack infrastructure and resources to cope with rising demand for education. Overcrowding and large class size can cause a falling quality of education and create a mix of student language and proficiency levels. This can cause resentment vis-à-vis migrants, and push destination country children to move to other schools, thus realizing a de facto segregation.

3. **Linguistic and teaching barriers.** The language of instruction can act as a barrier to migrant students' integration, since many might speak at home a different language. Many countries recognize the importance of supporting migrant students' learning with instructions in children's native language - a practice that can boost their self-esteem and increase their school achievements (Taguma et al., 2010) - or provide accelerated language-learning classes. At the classroom level, teachers' skills development enabling them to deal with the interaction of children with different cultural background and to show students the strengths that derive from multicultural contexts can help migrant children to feel more valued and more promptly develop a sense of belonging.

> LANGUAGE PROFICIENCY IN THE COUNTRY OF RESIDENCE

Practice 20. "Português Língua Não Materna (PLNM)".

In **Portugal**, the Português Língua Não Materna programme (Portuguese as a Second Language) is a national policy and strategy implemented since 2007 with the aim of fostering immigrant students' literacy and linguistic competences and help them integrate into the community. The programme is the result of changes in the Portuguese society brought over last few decades by increasing migratory movements, and the consequent challenge for the education system to build on diversity for social cohesion and inclusion.

In order to promote equal access to education curricula and to academic success, recently arrived migrant students – regardless of their mother-tongue, culture, social condition, origin or age – have access to opportunities to learn Portuguese in primary and secondary schools. It starts with an assessment of the student's language proficiency and the organization of Portuguese classes in alternative or concurrently with mainstream classes of Portuguese as a teaching discipline. In accordance with their education projects, schools might implement other modalities for the implementation of the programem, such as classes for enhanced pedagogic support, or mentorship programmes. Students can undergo a final national exam at the levels 9th and 12th.

Lessons learned. The early inclusion of migrant students in Portuguese as a Second Language classes has proved beneficial for their social integration and prompt learning of their destination country's language.

(Direção-Geral da Educação, Portugal)

Reference: Portaria n.º 223-A/2018, de 3 de agosto, and Portaria n.º 226-A/2018, de 7 de agosto.

Key identified issues

Based on practices presented in this report, and following a Policy Briefing Review⁴⁸ prepared in 2017 by the Overseas Development Institute (ODI), some key issues in relation with the implementation of education aspects of GCM Objective 15, are here summarized:

1. *Educating migrants is essential to meet SDG 4, and plays an important role in achieving other goals*

- Children should be able to access school irrespective of their migration status; partnership between integration and education departments, as well as between central and local entities, at reception, orientation, and in the provision of learning support is essential;
- Forward-planning and contingency funding - for education institutions, local Governments, UN/development partners across the board - are essential in the case of large influxes of migrants to minimize disruption to the education system, maximize the extent of access and achievement amongst migrant students, and prevent the emergence of tensions between receiving communities and migrants. Education needs as well more prioritization in the humanitarian space, linking it with psychosocial support, lifesaving and the protection of migrant children;
- Realizing for migrant children the right to education cuts across other areas, such as employment, health, family and social-protection policies. Close links between education and other social services should be realized to ensure protection (GCM Objective 7) and successful integration (GCM Objective 16). Lowering the costs associated with transferring remittances back to migrants' home countries also allows investment into the education of children staying behind (GCM Objective 20);

> *LINKING INTEGRATION AND EDUCATION PROGRAMMES*

Practice 21. "Settlement Workers in Schools (SWIS)".

In **Canada**, all migrants regardless of migration status have access to basic services (e.g. emergency health care, shelter, elementary education, access to legal services). Immigration is an area of shared jurisdiction between federal and provincial/territorial governments. Provinces and territories play an important role across the immigration continuum (promotion, recruitment, selection and settlement) and most of the service provision in Canada is a provincial/territorial responsibility.

⁴⁸ ODI. S.Nicolai, J. Wales, E. Aiazzi. *Education, Migration and the 2030 Agenda for Sustainable Development*, 2017

Canada has in place national policy goals for inclusion, which guide levels planning and policy development, in particular with respect to settlement and integration programs. Canada's integration programming relies on partnerships with relevant stakeholders. For example, the Settlement Program for permanent residents and protected persons is delivered at the local level by more than 500 third-party service provider organizations across Canada. Through Local Immigration Partnerships and les Réseaux en immigration francophone, Canada also supports locally based collaboration among multiple community stakeholders, including municipalities.

Through the Settlement Program, IRCC (*Immigration, Refugees and Citizenship Canada*) entered into partnership with boards of education and settlement agencies to create the first *Settlement Workers in Schools* (SWIS) projects in 1999. SWIS 'in-school' supports were designed to assist elementary and secondary students and families who are new to Canada. Currently SWIS is offered in approximately 3,000 locations across Canada. 'SWIS in-school' addresses "newness to Canada" as a barrier to school success. SWIS workers act as cultural liaisons and system navigators between the school and newcomer families. In general, SWIS promotes student achievement by enabling youth to integrate more easily while supporting families and school staff. SWIS is a cross-cutting initiative that contributes to many areas across the settlement continuum. Services range in intensiveness depending on the family situation/school context, and may include: Needs and Assets Assessment and Referrals; Information and Orientation; Employment Related Services; and Community Connections.

SWIS workers in some regions also coordinate school readiness programs to offer students a foundation for success before the academic year begins. Newcomer Orientation Week (NOW) supports newly arrived high school students and Welcome & Information for Newcomers (WIN) supports elementary and junior high students. Teachers, settlement workers and peer leaders (immigrant youth living in Canada for 2-3 years) work together to ensure a smooth entry to school by introducing new students to facilities, routines and policies and providing contacts and support. Lessons learned. SWIS is celebrated as a best practice within the settlement sector and has received awards for its success. IRCC is currently undertaking an evaluation of SWIS. The evaluation will develop an evidence base regarding performance, best practices and lessons learned to help inform the development of a national policy framework for SWIS.

(IRCC - Immigration, Refugees and Citizenship Canada)

Reference: <https://www.cdcd.org/swis/>

2. *Education is strengthened by policies that prioritize integration*

- School segregation hinders both social cohesion and migrants' rapid improvement in the majority language. Local communities should be included as beneficiaries when additional resources are spent in schools with a high number of migrants to avoid making native residents feel neglected;
- Access to quality early-childhood care and education for migrant groups should be enhanced as well as bilingualism amongst children that do not speak the majority language of the destination country at home, through additional language classes, cultural, sports and other activities;
- Remedial education programmes for migrant students require investments, focusing as quickly as possible on majority-language skills, as well as gaps between their skills and knowledge and those anticipated in the national curriculum for their age group. This should be paired with ongoing learning support in their native language;
- teachers should be trained and supported in managing diversity, both before they start to teach and through in-service training;
- Both the curriculum and school staff should provide psychosocial support to foster children's wellbeing (IRC, 2014). This may involve a specific curriculum on intercultural issues or peace education;
- School staff should emphasize children potential, for example by not lowering expectations towards migrant children proficiency, with a focus on a potential-based, rather than a vulnerability-led approach;
- The participation and involvement of migrants 'communities is paramount.

> *STRENGTHENING SOCIAL COHESION THROUGH INTERCULTURAL TRAINING*

Practice 22. "Volunteachers on Duty".

In **Turkey**, "Volunteachers on Duty" is an education support program that is provided by volunteers of the Turkish Red Crescent (TRC), under supervision of TRC professionals. Volunteering university students and graduates including migrants students and graduates who are evaluated and found eligible by TRC, take part in volunteer teaching provide homework support to Turkish and Syrian children who are enrolled in public schools and are under risk of academic failure or school drop-out.

The fact that both volunteers and the participants of the project are from different nationalities, contributes to social cohesion and academic success of children. Some challenges are represented by the high number of volunteers and children

who wanted to participate in the program; economic support for volunteers needed for their transportation costs, and shortage of training venues. Since 2019, 328 volunteers have participated in trainings, and 140 volunteer teachers have participated to the programme in 15 cities and 19 centres, assisting 2639 children with homework support. Structured and well-defined platforms and projects help children and adults to overcome prejudices towards other cultures, and enhance cohesion within society. The 'Volunteachers' project has set a successful example of such platforms for the Turkish Red Crescent.

Lessons learned. Vulnerable children should be provided integrated interventions including psychosocial support and education projects. TRC have developed such strategy in its centres and help disadvantaged children with a multi-sector approach. To expand the scope of the project, volunteer trainings will be implemented in branches (which have volunteer centers) in different cities, and number of children who benefitted from such services will be increased.

(Turkish Red Crescent, Turkey)

3. *There is limited data available on the education of refugees and migrant children, making it more difficult to design policies and programmes to support this group*⁴⁹

- Data that further analyze the link between education indicators and migration status is necessary to improve service provision. More coordination among education actors is needed to gather and consolidate data, and disaggregate existing data by migration status and age (GCM Objective 1); additionally, the international community should provide more data-collection resources;
- Data collection on the migration backgrounds of students should be used to support vulnerable groups and not for reporting to security-related institutions, hence maintaining firewalls between education providers and immigration authorities; lack of trust in how personal information is used can negatively impact migrant children's enrolment and learning.

Furthermore, UNICEF recommends in the context of crises⁵⁰, displacement and forced migration, to prioritize schooling at the earliest stages of emergencies. Child protection risks might be noticed at schools by teachers, and referrals can be made to child protection services and families supported. When schools are closed, more child protection incidents might go unnoticed. Besides the protection and support that schools offer to children as venues for the delivery of other services such as food distribution, dissemination of key messages on security (GCM Objective 3), health, and other issue, re-establishing a daily routine helps children in restoring a sense of normalcy. Education should also be designed to support girls' learning, including by addressing their needs and combatting gender-based stereotypes and discriminatory practices.

⁴⁹ OECD Reviews of Migrant Education, *The Road to Integration. Chapter 4. Address the unique needs of refugee students*, 2019, <https://www.oecd-ilibrary.org/sites/13fbd649-en/index.html?itemId=/content/component/13fbd649-en>

⁵⁰ EU. Capacity4dev. *Vocational Education and Training* <https://europa.eu/capacity4dev/pafiriz/articles/vocational-education-and-training-sustainable-development>

B. Vocational training: context and issues

Vocational Education and Training (VET) is a key service area for the migrant's swift self-reliance, integration, and economic advancement. It offers a complementary or alternative educational path for young and adult migrants who wish to grow professionally and demonstrate their will to integrate into a new environment, while at the same time contributing to the economy of the receiving societies with needed qualified manpower. Whether conducted in countries of destination or origin, vocational training is ultimately a tool for migrants to acquire, update, or transfer their skills and become familiar with the work environment of the destination country, hence increasing their 'employability'. According to UNESCO: "VET comprises formal, non-formal and informal learning for the world of work. Young people, women and men learn knowledge and skills from basic to advanced levels across a wide range of institutional and work settings, and in diverse socio-economic contexts"⁵¹.

> *Benefitting migrants and communities.*

Practice 23. "Empowering Migrants to Realize Full Inclusion and Social Cohesion".

In **Ghana**, migrants often face considerable challenges in accessing the assistance they need, in particular those deemed "irregular".

The Bono and Bono East Region in Ghana hosts refugees (mainly from Cote d'Ivoire), and has Ghanaian migrants returning from abroad. Most of these returning migrants from Libya, Kuwait, Qatar, South Africa, Saudi Arabia, etc have lost their livelihood or have been exposed to trauma. The region hosts as well a large population of Internally Displaced Persons (IDPs).

The local *NGO BOK Africa Concern*, implements through on-the job vocational training, requalification, and technical support in entrepreneurship: community-based reintegration projects aimed at empowering prospective migrants, returnees, and migrant source and destination communities, with means for a sustainable livelihood, while promoting social cohesion; individual support, assisting individual immigrants/returning migrants to work and integrate into society; psycho-social counseling targeting community influencers and traumatized immigrants/returning migrants/IDPs, to ensure trauma healing; community factory projects – i.e.

⁵¹ EU. Capacity4dev. Vocational Education and Training <https://europa.eu/capacity4dev/pafiriz/articles/vocational-education-and-training-sustainable-development>

factories owned by a community rather than individuals, with the purpose of boosting local economic development and community ownership; collective businesses – i.e. projects owned by a group of people working together for collective development, and meant to reintegrate returnees and assist them with income generating activities with emphasis on migrant returnees, and other migrants; individual businesses – a support to individual migrant to develop skills and set-up their own business and help them becoming economically independent and responsible actors in the community.

So far 5 community projects have been established in Masu (Block moulding Factory; Senase/Berekum (Soap Resource centre); Dawiri/Gari , Mesidan/ Gari, and Praprabaabida/ Gari (Processing Factory); 4 collective businesses for 24 migrants have been established so far with 8 already in plan.; 12 individuals have received support for individual businesses and 6 are in plan; 5 Psycho-social trainings have been organized so far for 100 persons.

Lessons learned. On-the-job training and collective projects are effective in fostering smooth integration into the community. Migrants' business partners become their advocate. Communities are receptive to the development and economic empowerment which is bridging the social divide. Skills development and economic empowerment of immigrants/returning migrants improves their image in the communities they live in. Psycho-social accompaniment is extremely critical in the support process. Varied therapy activities should go hand-in-hand with training and economic empowerment.

(BOK Africa Concern, Ghana)

Reference: <https://ghanayouthdirectory.org/directory/3048/bok-africa-concern/>

As part of labour migration schemes at pre-departure level, VET contributes to better preparing migrants for foreign labour market opportunities, and provides them with essential coping skills. Technical/vocational training, pre-departure cultural orientation, and pre-employment language training enhance an early self-reliance, integration, and future stability. During crises' transition and recovery periods – including the case of the COVID-19 pandemic - VET can contribute to stabilization, resilience strengthening, or even peacebuilding⁵².

As the practices here presented demonstrate, VET is in countries of destination a frequently privileged ground of cooperation and dialogue between various Government Departments, countries of origin/destination and donor parties, International Organizations, NGOs, and Civil Society Organizations including migrant communities, vocational training institutions, trade unions and private employers, and can therefore significantly contribute to the overall strengthening of whole-of-society approaches and migrant service delivery systems. By enhancing migrants' agency and resiliency, VET is a key aspect of migrants' empowerment and integration, and - in case of returning migrants - for transferring back home skills and knowledge acquired abroad, and foster their dignified reintegration back home.

⁵² IOM. *Education and Migration. An assessment of the types and range of IOM's education and vocational training projects, 2018*

> VOCATIONAL EDUCATION AND TRAINING,
A TOOL FOR DIGNIFIED RETURN AND REINTEGRATION

Practice 24. "Dignified Return and Reintegration".

In the **Philippines**, the government has sought to provide financial education, upskilling and continuing professional education to encourage migrants to seriously consider what plans they have for after the end of their contract terms abroad. Through its foreign service posts and overseas labor offices, the Philippine government, in collaboration with Filipino community organizations, conducts reintegration preparedness programs for Filipino migrants while they are still in the destination country, such as:

- i) **Financial education** that teaches them personal money management, savings and investment in order to prepare for their future and eventual return to their homeland;
- ii) **Special Professional Licensure Board Exam** which provides underboard college graduates the opportunity to take and pass board examinations for professions like engineering, accountancy, nursing, architecture, and education. Through a special project for teachers, those who pass are further given slots for teaching positions at the Department of Education;
- iii) **Entrepreneurship seminar** that will teach them how to plan and run a business, including basic accounting, marketing and advertising; iv) Skills development through Upskilling and, in some posts, assessment and certification of technical and vocational skills like computer training, massage therapy, beauty care, sewing, food and beverage, cookery, housekeeping, to name some.

The *Overseas Assessment Program*, or the TESDA (*the Technical Education Skills Development Authority*) Onsite Assessment Program (OAP) bring services to the country where the Overseas Filipino Workers (OFWs) are located. Competency assessment and certification services are provided for the confirmation of possession of competencies required in the preferred workplace. Skills trainings are also provided to meet the standards of industries and companies where OFWs can find better opportunities. The program targets those employed in vulnerable occupations such domestic work and those performing low-skilled jobs to upskill them for better employment and entrepreneurial prospects abroad or at home.

To implement the Upskilling program, the Philippines has piloted an education training program to equip, capacitate, and enhance the competencies of Filipino teachers in Cambodia to qualify them for better teaching career positions. The Government has also Memoranda of Cooperation in New Zealand on the recognition of educational diplomas.

Lessons learned. OAP - There is a need to expand these programs. Vocational training and upskilling remain important, as the nature of work for migrant workers already deployed evolves. The need to include training and certification in home care and health care settings will remain high. Financial Education - The online nature of these classes over the past year has increased the scope and the audience. An expansion of this program is the *TNK- Trabaho, Negosyo, Kaalaman* (Employment, Entrepreneurship and Knowledge) which is offered by the Department of Trade and Industry and the Department of Agriculture to encourage overseas Filipinos looking towards return and reintegration to consider micro-small and medium agri-business enterprises. This was launched in 2019. However, it is difficult to monitor outcomes from these efforts. There may be a need to adjust metrics to better capture the outcomes of endeavors moving forward.

(Government of the Philippines, Philippine Overseas Labor Office. The Philippines)
Reference: TESDA Programs and Services for Overseas Filipino Workers (OFWS)
<https://www.tesda.gov.ph/News/Details/19970>

In the case of migrant youth, participatory Vocational Training activities beside the important developmental role they play, are also part of psychosocial support programmes and contribute to mechanisms aimed at enhancing social cohesion.

> BUILDING ON THE AGENCY OF YOUTH AND REALIZING THEIR POTENTIAL

Practice 25. "Youth Decide and Lead Together"

In **Turkey**, the Turkish Red Crescent promotes programmes enabling adolescents from the migrant population, Syrians under Temporary Protection and host communities to come together and discuss social problems in their province. Adolescents propose, develop and take part in projects as volunteers.

Programmes include: Youth Advisory Boards (14-18 Age Groups), with groups formed with participation of adolescents and young people in order to learn needs, demands and suggestions of the society that TRC serves. This initiative was established to get migrants 'and communities' views on issues of common interest and offer them the opportunity to shape the processes of project development,

especially by conducting advocacy activities and volunteerism. Board members come together on a monthly base, discuss current problems in their societies, seek solutions, and prepare work plans for them with supervision of TRC professionals.

Volunteerism and Leadership Program (14-18 Age Groups): Programs were developed to enable adolescents to discover and develop their leadership characteristics, ensuring that they gain knowledge and skills about volunteering and they find opportunities to develop and implement social projects in safe areas. Leadership and Volunteerism programs have a training period and require participants to develop social projects and implement them with supervision of TRC professionals. Adolescent volunteers who are willing and evaluated as successful after the training period, take part in TRC's child friendly space activities as volunteers (to become role models for their peers and younger children).

Lessons learned. Children have sometime difficulty in dealing with cultural differences. Implementing socio-cultural events, development of empathy and opportunities that enable them to learn from each other make it easier to overcome cultural differences. More than 4000 children (Syrian, Turkish, Iraqi, and Afghan) have participated to Volunteerism and Leadership Programs in 16 different cities and 33 centers in Turkey. Many adolescent volunteers have continued their volunteer works during university education and after they graduated. Children have developed strong bonds with their peers from other cultures and gain ability and experiences of volunteerism. New trainings are continuously introduced into existing programmes, to respond to changes in society.

(Turkish Red Crescent, Turkey).

Vocational Training might include formative undertakings including education of migrants on their rights, so as to enable foreign workers to better understand and exercise them, and overcome power imbalance with their employers.

> *SOFT SKILLS TO EMPOWER MIGRANT WORKERS*

Practice 26. "Migrant Worker Support Network (MWSN)".

In **Canada**, Migrant workers – especially those in lower-wage occupations – can be vulnerable on multiple levels. Many depend on the income they earn while in Canada to support their families in their home country. They can have lower levels of literacy and language proficiency, or can lack knowledge of their rights. Many work in more isolated areas, and rely on employers for accommodations and transportation to needed services, and often fear reprisal if they complain about working conditions or express other concerns. Taken together, these factors create a power imbalance between employers and workers, which inhibits workers' ability to exercise their rights.

Given these barriers, the Government of Canada has been reviewing relevant policies and guidance to ensure that foreign workers in vulnerable situations are provided with necessary support and information, and that their human rights are protected. The federal government has implemented a number of initiatives with a focus on enabling workers to better understand and exercise their rights. The key federal initiative is the *Migrant Worker Support Network* pilot. It brings together community-based organizations involved in protecting and supporting workers by providing a forum for them to meet and address issues faced by workers. The pilot also has a funding component whereby the federal government supports non-profit organizations in providing direct services and supports to workers, including about their rights. In respect of the Migrant Worker Support Network, the pilot has filled key gaps, including providing funding for educational resources and emergency supports for foreign workers, and supported engagements that have enabled stakeholders (e.g., the community, employers, and government representatives) to build and develop collaborative networks.

Lessons learned. The Migrant Worker Support Network clearly demonstrates that foreign workers need this support and these resources, and that stakeholders are able to grow their reach by working together. In the context of the current pandemic, this need has only been amplified, as the gaps and barriers highlighted during COVID have been further exacerbated. Canada is exploring how to further address worker protections based on lessons learned and good practices identified through the Pilot.

(IRCC- Immigration, Refugees and Citizenship Canada)

Reference: <https://migrantworkerhub.ca/about/migrant-support-network>

Vocational Education & Training is recognized as key to advance *Gender Equality* (SDG 5) and migrant women 'empowerment. VET helps overcoming the perpetuation of what has been defined as 'reproductive labour' that traps migrant women in undervalued and undercompensated domestic and care work⁵³. ILO estimates that there are 11.5 million migrant domestic workers (MDWs), who can be particularly vulnerable at workplace. VET can also be key in combatting Gender-Based Violence (GBV).

> EMPOWERING WOMEN, AGAINST GENDER-BASED VIOLENCE

Practice 27. "Proyecto Caminando".

In **Ecuador**, following large regional displacement due to the conflict in Colombia and the humanitarian crisis in Venezuela, more than 432,000 people have sought asylum, out of whom some 70,246 individuals have been recognized refugee status (UNHCR). Border areas with these two countries have hosted the larger proportion

of people seeking international protection, and have seen a raising in gender-based violence (GBV) against women and girls. The situation is aggravated where armed conflicts, drug trafficking, insecurity are rampant, and protection, essential services, and justice are absent. A study carried out in 2019 (UNHCR) showed that 63% of refugee and displaced women have suffered GBV; a trend showing increase during the COVID-19 lock down, with 8 in every 10 women become victims of violence over last 12 months. This situation compounds the risks and stressors women have to face such as limited access to services and employment opportunities, discrimination, xenophobia, sexism, exploitation and sexual abuses, and trafficking.

Objectives of the Project "*Caminando* (i.e. Walking)" of UN-Women are :

- i) to enhance capacities, and create economic opportunities for migrant and refugee women and hosting communities alike at the northern border of Ecuador; ii) to strengthen competencies in labour law and economic inclusion of the private sector; and
- iii) work with humanitarian actors towards complementary activities to detect, prevent, and respond to GBV towards achieving comprehensive results.

UN Women, in collaboration with the *Hebrew Immigrant Aid Society (HIAS)*, has carried out a base-line assessment on GBV, on vocational profiles, and job and financial opportunities. With a focus on empowering women, a training module was developed on self-awareness, resilience, self-esteem, empathic listening, and sisterhood. A second session focused on GBV, women rights, gender inequalities, sex/gender system. Finally the module '*My Business*' by HIAS to develop entrepreneurship skills.

1358 women in 4 provinces followed this training. Some 500 women received micro-credits of \$400 to start small businesses, with the weekly and monthly technical support and follow up of HIAS. Furthermore, 500 women vocational scholarships resulting in certifications, while 410 participants received 'Cash for Training' (C4T) incentives. The scholarships were mainly in sectors such as gastronomy (30%), customer services and marketing (19%), cleaning material preparation (18%), food handling (11%), and beauty care (10%).

The training venues also became meeting points through which exchange experiences, build cohesion and social capital, and combat exclusion and xenophobia.

The achievements of the Project "*Caminando*", are meant to be strengthened by the concurrent training of 800 men from migrant and refugee hosting communities in the northern border areas on issues of elimination of GBV, in partnership with the NGO CORAPE (*Coordinadora de Medios Comunitarios Populares y Educativos del Ecuador*). The Project "*Masculinidades en movimiento*" aim at having in men strategic allies in combatting GBV. 60 men will be trained as trainers to consolidate in the northern area the achievements of Project "*Caminando*".

⁵³ UN Women, *Policy Brief 2. Women Migrant Workers Contribution to Development*, 2017.

⁵⁴ ILO Convention concerning Decent Work for Domestic Workers (Convention 189, 2011), passed at the 100th session of the International

Lessons learned. The implementation of “Proyecto Caminando” confirmed the need to provide technical support and strengthen partners' capacity on gender attention within humanitarian aid within for example the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V). Though the involvement in the humanitarian sector is a relatively new working area for UN Women, inter-agency collaboration has allowed the adequate implementation of actions and the achievement of ambitious capacity enhancement goals, though COVID-19 related movement restrictions imposed by the Government of Ecuador have obliged some aspects of the project to a follow-up on remote.

(UN Women, Ecuador)

Reference: <http://www.esmeraldasnews.com/actualidad/item/2072-onu-mujeres-y-la-organizacion-hias-incentivan-el-empoderamiento-economico-de-las-mujeres-a-traves-del-proyecto-caminando>

> **HELPING MIGRANTS ACQUIRING ESSENTIAL SKILLS
FOR GOOD QUALITY JOBS**

Practice 28. “Literacy and Essential Skills”.

The Government of **Canada**, through the *Office of Literacy and Essential Skills* (OLES), works with service providers, partners and other stakeholders to provide individuals with access to essential skills tools, resources and quality training. The objective is to help individuals get the essential skills they need for good quality jobs. OLES receives annual funding of about CAD \$25 million to test, replicate and scale up effective and innovative essential skills training approaches.

Funded projects complement provincial and territorial programming, and support the development and testing of new models that address gaps and contribute to training and service delivery that responds better to worker and employer needs. Particular attention is paid to groups at greater risk of facing barriers to employment, such as newcomers, to ensure that they increasingly participate in Canada's economic prosperity. OLES is currently funding projects to integrate essential skills into the Language Instruction for Newcomers to Canada (LINC) program, which offers full-time and part-time English language classes that are free to permanent residents and resettled refugees, funded by *Immigration, Refugees and Citizenship Canada*, and pilot testing an employment-first training model for high-needs refugees. Evaluation of projects funded through OLES show that newcomers were positively impacted as a result of skills interventions across Canada and indicate that participants gained foundational and transferable workplace skills, improved their employment opportunities and job performance, and increased their salaries. Additional data will be available in spring 2021.

Lessons learned. As of 2017-2018, OLES moved beyond output measure and all pilot project recipients were required to conduct pre-and-post training skills

assessments and report on skills-related and labour market-related outcomes such as participant skills gains and progress made on the pathway to secure labour market attachment (further training/education and employment retention).

In addition, from 2019-20, OLES also started requesting additional Gender-based Analysis Plus (GBA+) data elements in its annual reporting. Aggregated data on a range of sociodemographic factors, such as gender, age, immigrant status, visible minority type, language, disability, etc. was requested from all funding recipients of OLES. Collecting this data will help in determining next steps and future direction for programming, including the identification of projects that could be amended to focus on specific population groups such as newcomers to better respond to their skills and labour market needs.

(IRCC- Immigration, Refugees and Citizenship Canada)

Reference: <https://www.canada.ca/en/employment-social-development/programs/literacy-essential-skills.html>

> BUILDING ON SKILLED MIGRANTS 'COMPETENCIES

Practice 29. "I Tech My Job, An Advanced Vocational Training on Information Technologies"

In **Turkey**, the Turkish Red Crescent (TRC) promotes advanced training in Information Technology (IT) for skilled migrants possessing adequate qualifications and background. The main objective of the project is to provide advanced vocational training to migrants and members of the host community alike, and refer them to job opportunities through collaborations with leading companies and institutions in need of information technology manpower. The initiative also aims at facilitating the integration of skilled migrants who can transfer their knowledge into the Turkish labor market, maximizing potential.

Programme participants are selected based on their professional competence, educational background and language skills, in accordance with the needs and eligibility criteria set with partner IT companies. Motivated graduates of engineering and faculty of economics and administrative sciences (economics, business administration, accounting, finance, etc.), who have a good command at English and Turkish are accepted as trainees. During the preparation phase of the project, meetings are held in Istanbul and Ankara with the participation of private sector representatives, public authorities as well as local organizations.

Based on needs and vacancies, four different advanced training modules are implemented: *Financial Accounting (FI)*, *Managerial Accounting and Control (CO)*, *ABAP (Advanced Business Application Programming)* and *BASIS (Basic Assessment and Services Information System)*. These training modules are delivered in collaboration with SAP Turkey (Employer Institute on Systems, Applications, and Products). Each module includes 25 trainees, and trainings are offered to a total of 100 persons. Following the trainings, 'Career Days' events were organized with the participation of the trainees who successfully complete the courses, TRC officials and SAP Turkey, as well as managers and human resources officers of the business partners of SAP Turkey. During these events, trainees can network with company officers and seize new job offers whilst companies who seek new personnel meet with potential candidates.

As a result of these advanced vocational training courses and Career Days with private sector companies and SAP user institutions, 40 trainees have been employed. The TRC has also employed trainees as well as SAP consultants currently working in Information Technology. Additionally, work permit applications are completed, and fees are paid by Community Centers.

Lessons learned. Advanced vocational training provides skilled migrants opportunities for employment, upgrading and recognition of their competence and qualifications, and therefore integration and self-sufficiency for themselves and families. Additionally, participants acquire the internationally recognized title of SAP Consultant, enhancing their employment opportunity and maximizing their skills and potential.

(Turkish Red Crescent).

> MATCHING HOUSEHOLD DUTIES AND IN-COME GENERATING ACTIVITIES

Practice 30. "The Homebased Small-Scale Agriculture and Livestock Production Support Project".

In **Turkey**, the Turkish Red Crescent (TRC) aims at providing vulnerable migrants facing difficulties entering the labor force market, with income-generating opportunities through homebased, small-scale agricultural and livestock production and other occupations. To this effect, vocational trainings, tools, and equipment are offered to start activities as well in sectors such as handicrafts, tailoring, cooking, hair-dressing, etc. offered by Community Centers.

Syrian women are particularly considered since household work and large families often and impede them to join the labour force. Due to this aspect, 90% of the training participants are women, who have numerous dependents in the household, have insufficient income and are below the poverty thresholds, or are single-parents

and therefore opt for homebased jobs. Some participants have also undergone other vocational trainings provided by official bodies or entities such as Public Education Centers, the Turkish Employment Agency (İŞKUR), Provincial and District Directorates of Agriculture, chambers of profession or universities, or have diploma or certification issued by institutions in their country of origin or in Turkey.

After application, TRC staff assess needs, capacities, and home space and assets for given activities, and when requirements are met, training is started, and material is delivered. Participants are also assisted in the commercialization of their products. To date, 405 people were provided with in-kind supports, including raw materials, supplies, machinery, and equipment, valued up to 15.000 Turkish Liras (TL), to produce in-house tailoring, handicrafts, agriculture, livestock, food production, or and hairdressing. As indicator of the success of the project, 85% of these beneficiaries contribute to the household income by earning monthly income up to 500 TL, 9% up to 1000 TL, and 2% between 1000-1500 TL. Success rates are followed up and reported quarterly by Head Office in line with an overall Support Performance Report. Furthermore, follow-up visits also serve the purpose of identifying needs, challenges, and problems faced, to provide participants with support such as additional vocational training, Turkish language training, and referral to appropriate companies for the commercialization of product. When deemed necessary as a result of home visits, internal referrals are activated to ensure protection, psychosocial support and health services, and initiatives of social cohesion at the community level.

Lessons learned. During the COVID-19 pandemic period, many participants in the programme experience low income due to the lack of access to sales channels, curfews, and social distancing rules. In addition, the importance of online sales channels is rapidly increasing today, and in this context, selling products through digital platforms provides both the opportunity to reach more customers and to make more sales in a shorter time. The importance of providing digital marketing training to participants, and directing them towards digital platforms has emerged as a new area to explore. Most of participants join Vocational Trainings at the Community Centers, and Turkish language training, to overcome challenges linked to Turkish technical language affecting the sale phases. Enhancing the capacity of participants in Business and Vocational Training, significantly helps in improving income, self-reliance and integration.

(Turkish Red Crescent, Turkey)

The practices presented show some critical aspects to consider towards ensuring that migrants get access to Vocational Education and Training, and bring it to fruition:

- **Knowledge of the local language;** proficiency in local language is often one of the most important criteria and obstacle in finding employment. Language training needs to be included into vocational training. Furthermore, it is important that women can attend training. For this, children solutions need to be provided;

- **Access to information, orientation, and career guidance;** directly linked with the point above, is the fact that access to VET is in the first place a question of information and orientation. Migrants, particularly the low skilled, those not proficient in local language or in situation of vulnerability, might face significant difficulties in accessing information on Vocational Training opportunities, enrolling, and subsequently in identifying employment opportunities. Effective partnership between different stakeholders is of paramount importance, as well as policies that prioritize integration. "One-Stop" Centers – presented in **Practice 2** - have addressed such difficulties;

- **Recognition of qualifications and professional experiences;** migrants' skills and knowledge are frequently wasted or underutilized because of a lack of recognition of their qualifications⁵⁵. Vocational Training is often the only way to overcome these obstacles;

- **Discrimination and gender equality;** labour market segregation and the gender division of labour influences the types of work available to migrant workers, often condemning them to secondary segments of the labour market, regardless of their skills and qualifications⁵⁶. Additionally, they can find themselves in less protected working conditions, facing a higher risk of labour exploitation, as well as psychological, physical and sexual harassment and violence in the workplace. Traditional gender roles and stereotypes around what is considered as 'women's work' may confine many women migrant workers to the care and domestic work sector⁵⁷ with insecure or no contracts, limited or no time off and often no access to social protection while facing a high risk of sexual and gender-based violence. It is critical to recognize that girls, women and gender non-conforming people may face multiple and intersecting forms of discrimination at all stages of migration, not only owing to their gender and migration status but also based on any number of other interconnected characteristics, inter alia, age, income, race and ethnicity, nationality, religion, marital and family status, sexual orientation and gender identity, disability, health status, HIV status, pregnancy, place of residence and economic and social situation. Such discrimination can undermine aspiration to self-realization, self-esteem, empowerment and positive migration outcomes.

Vocational Education Training can be a critical tool to diversify skills, start income-generating activities, and escapes situations of vulnerability by enhancing job opportunities in safer or more socially protected labour environments. Training should include be gender-responsive, and cover gender-equality issues including the prevention and response to sexual and gender-based violence. For instance, the experience of Practice 27. "*Projecto Caminando*) has showed that vocational trainings are more effective when they are part of an overall package of services and orientation that also promotes health, justice, good governance and freedom from child labour⁵⁸.

⁵⁵ France Terre d'Asile. *Good Practice Guide on the Integration of Refugees in the European Union*, 2011.

⁵⁶ ILO. *Providing women and men migrant workers with pre-departure information and training on social and working conditions*, 2007

⁵⁷ Austrian Foundation for Development Research (ÖFSE), ÖFSE Briefing Paper, No. 18: *Research Report Skills for decent work, life and sustainable development: Vocational education and the sustainable development goals*, Vienna 2018

⁵⁸ NRC- Norwegian Refugee Council. *Housing, land and property (HLP) rights*, Published 21. Jan 2016/Edited 19. Feb 2016

2.4 Housing

Context and issues

A conducive living environment and access to adequate, affordable, accessible, and secured ⁵⁹ housing is key for the successful integration of migrants, their safety and dignity, and their capacity to fulfill their right to livelihood, employment, education, and health⁶⁰. Adequate housing is recognized by international human rights laws as a fundamental component of the right to adequate standards of living⁶¹, and is part of the 2030 Agenda for Sustainable Development; in particular, target SDG 11.1 (*Sustainable Cities and Communities*) aims at: "By 2030, ensure access for all to adequate, safe and affordable housing and basic services, and upgrade slums" - a target only achieved if migrants, refugees and national citizen alike have equally access to adequate housing, whether in an urban or rural environment.

While millions of displaced people live in essential services underserved rural areas, migrant flows more largely contribute to the growing urbanization phenomenon; a trend that by 2050 is projected to involve nearly two-thirds of the world population (UN-Habitat 2020). Along with international migrants, the increasing trend to urbanization involves internal migrants moving from rural areas to cities, and displaced people. More than the 60% of the over 26 million refugees worldwide reside out of camps – many of them in urban settings - as well as nearly 37 million internally displaced people (UNHCR 2020).

Migrants and displaced people move to cities searching for more substantial employment and socio-economic opportunities and for safety, or because of the potential social capital of support represented in cities by existing networks of fellow nationals and family. Though migration national policies and related legal frameworks still remain in the purview of central authorities and policy makers, migratory flows towards cities drive local governments to the forefront of current migration governance; ultimately it encumbers on local administrators to assume the social and economic impact of migrants' presence⁶². Harnessing the opportunities migration brings to cities and curtailing possible negative effects requires well-planned, cross-sectoral and integrated urban development, in function as well of migration-driven population growth. Hence, cooperation, coordination, and participatory dialogue between various Government levels, different sectors of society including migrant communities, and municipalities confronted with similar issues can help addressing housing and service provision challenges linked to migration flows towards cities. UCLG and the Mayors Migration Council (MMC)⁶³, for example, provide platforms for cities to connect and share good practices and experiences and engage in migration diplomacy and policymaking at the international, regional, and national level. The strengthening of capacities of local administrators plays in this respect a key role.

⁵⁹ NRC- Norwegian Refugee Council. *Housing, land and property (HLP) rights*, Published 21. Jan 2016/Edited 19. Feb 2016

⁶⁰ UN-Habitat. *Policy Brief. Access to Adequate Housing: The Pathway to Migrants' Inclusion in Cities*, 2018

⁶¹ UN Universal Declaration of Human Rights. 1948. Article 25 : "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

⁶² Ibid. UN-Habitat Policy Brief

⁶³ Mayor Migration Council <https://www.mayorsmigrationcouncil.org/>

> *Diversifying and upgrading sector skills of migrants' integration operators*

Practice 31. "Training of Technicians of the High Commission for Migrants, on Support Programs for Dignified Housing".

In **Portugal**, the Housing and Urban Rehabilitation Institute (Instituto da Habitação e da Reabilitação Urbana - IHRU, I.P.) provides training to staff of the High Commission for Migration (Alto Comissariado para as Migrações, - ACM, I.P.) to enhance their knowledge in matters concerning housing. ACM technicians working in National and Local Centers of Support to Migrants Integration (i.e. CNAIM and CLAIM) have expressed interest in enhancing their knowledge on public policies concerning housing and issues of urbanism concerning the migrants they assist.

Lessons learned. The training provided by the Institute has contributed to strengthening competencies and strategies of the High Commission for Migration towards advancing universal access to dignified housing. A similar training will be expanded to other organizations assisting vulnerable migrants, such as the homeless, victims of domestic violence, persons with reduced mobility, youth and elders.

(Instituto da Habitação e da Reabilitação Urbana, Portugal).

> *A WHOLE-OF-SOCIETY APPROACH*

Practice 32. "Municipal Plans for Migrants Integration".

In **Portugal**, the High Commission for Migrations (Alto Comissariado para as Migrações - ACM, I.P.) proposes municipalities to develop Municipal Plans for the Integration of Migrants. Plans aim at enhancing local management towards creating conducive conditions for the integration of migrants, in all relevant aspects of urban life. The plans use a bottom-up approach, are based on assessments of needs involving migrants, and include monitoring and evaluation, on the basis of consultative processes that include all relevant stakeholders.

Integration plans include aspects of urban development and housing, employment and entrepreneurship, education and Portuguese language learning, health, gender equity, prevention of racism, etc. They are an effective tool-kit in ensuring well-planned access of migrants to essential local services, and build bridges between migrant communities and local stakeholders, in an holistic approach to integration. Plans were funded through local and national budgets. This has contributed to the expansion and consolidation of policies and practices. In 2020 there

were 18 Municipal Plans in the final phase of implementation 2018- 2020, plus 7 Municipalities meant to implement PMIMs of second generation. In total, since 2015, 58 PMIMs were implemented in 42 municipalities, with over 790 initiatives planned and implemented.

The integration plans allow the establishment of structured local networks of coordination of public and private entities, directly engaged with migrant communities; such networking is instrumental in identifying solutions to situations emerging during the implementation of the Plans, and also work in synergy with the National Network for Migrants Integration, which includes three National Centres in Support of Migrants Integration, and 114 Local Centres in Support of Migrants Integration (see Practice 2).

Lessons learned. Networking and integration in local realities are fundamental to address holistically the essential services needs of migrants. Coordination platforms have to include various stakeholders and be consultative from development to implementation. Migrants' participation in the decision-making process is essential to enhance their participation in the development of policies impacting on them. Integration plans are not just aimed at providing migrants with social assistance; they ultimately intend to enable and enhance the positive contribution that diversity brings to societal and urban development.

(Alto Comissariado para as Migrações, Portugal)

Reference: *Revista Migrações (pp45-67); Guia para conceção de Planos Municipais para a Integração de Migrantes; Exemplos de PMIM e de medidas nas diferentes áreas de intervenção*

https://www.acm.gov.pt/documents/10181/290240/Guia_PMII_AF_digital_final.pdf/a9930d83-e913-4a3c-b3a2-fad17ea66165

> DEDICATED MUNICIPAL SYSTEMS,
TO REALIZE MIGRANTS' SERVICE RIGHTS

Practice 33. "Enlargement of the Migrants Reference and Reception Centre-CRAI, and implementation of the Mobile Unit".

In **Brazil**, the city of São Paulo is a major destination for internal and international migrants. Major challenges are the implementation of rights and access to services, particularly for undocumented migrants.

In 2013, a local institution for immigration governance was created, with the objective of establishing a transversal, intersectoral, and participatory municipal migration policy. One of the principal results of this process was the creation in 2014 of a 'Centre of Reference and Services for Migrants' (CRAI-Centro de Referência e Atendimento para Imigrantes). CRAI is a public institution of the *Municipal Secretariat of Human Rights and Citizenship* located in central São Paulo; the Center offers specialized and multi-lingual assistance to migrants, through public and civil society organizations.

In 2016 CRAI became a permanent service of the Municipality of São Paulo, as established by Law 16.478/2016 instituting the *Municipal Policy for Immigrant Population* (PMPI); a pioneering initiative in Brazil. The PMPI is a legal instrument promoting social inclusion and participation, respect for diversity and interculturalism, and prevention from rights' violation and xenophobia. The law's inclusive definition of migrants guarantees equality in the access to public services and social rights, since it makes no distinction of nationality and migration status. In its first phase, CRAI focused on reception services mainly for newly arrived, and supported the regularization of migrants through multi-lingual teams and also offered legal and psychological assistance. In 2016, the scope of services expanded with the inclusion of social services operators to refer migrants to the network of social assistance in partnership with civil society organizations. In this period, CRAI was established as the main entry point for migrants needing housing services; the Centre refers migrants towards temporary accommodation within the Municipal network of Social Housing.

In 2019, a mobile unit was established. This is composed of a multidisciplinary team able to provide assistance in schools, health centres, residential areas, and at migrant community level, assisting with regularization, access to services, and community initiatives such as workshops and lectures on the rights of immigrants in Brazil, and training of public servants on related matters.

In 2020, CRAI delivered 3.160 services to migrants of more than 130 different nationalities, 74% of them arrived in Brazil within last five years. Only 11% had a regular employment. Additionally, 17% were undocumented migrants. 54% of requests of assistance refer to regularization, while 16% of attendees seek temporary accommodation in municipal reception facilities. Between mid-2016 and October 2019, more than 2500 public servants were trained by CRAI staff in providing services to migrant populations.

Lessons learned. The success of CRAI is linked to its intersectoral strategy, and its being a reference for other services of the Municipal network. Furthermore, the inclusion of migrant workers within the teams allows an intercultural and multilingual capacity and a better liaison with communities, civil society organizations, and migrant groups for a participatory engagement. The establishment of a Mobile Unit has allowed the decentralization and outreach of services, realizing a more dynamic and grass-root presence. In the future, it is envisaged to establish permanent decentralized units in peripheral areas of the Municipality, the standardization of services, the consolidation and continuation of policies, and the systematization of dialogue and partnership with other services.

(Secretaria Municipal de Direitos Humanos e Cidadania, Prefeitura de São Paulo, Brazil)
Reference: Cidade de São Paulo Direitos Humanos e Cidadania,
https://www.prefeitura.sp.gov.br/cidade/secretarias/direitos_humanos/imigrantes_e_trabalho_decente/crai/

It has been emphasized that adequate housing and basic services as key for a sustainable urban development⁶⁴ and for a dignified life. Yet, in many cities of the world, housing is scarce, rents are high and unaffordable for people with precarious income.

UN-Habitat estimates that by 2030, three billion people will require access to adequate and affordable housing, while an estimated 100 million people worldwide are already homeless; this implies that one in four people live in housing conditions harmful to their health, safety and prosperity, as the COVID-19 pandemic has demonstrated.

The pandemic has brought to surface the fact that adequate housing is often a matter of life and death; homelessness, overcrowding and inadequate housing conditions for marginalized people including migrants and refugees have caused avoidable death and suffering. Higher mortality and infection rates among minorities and vulnerable groups points to the fact that inequalities and inadequate housing and shelters might have contributed to excessive, and preventable negative health outcomes for millions of marginalized people, and that the economic crisis caused by the pandemic is further entrenching these inequalities. Without adequate housing and in informal settlements and crowded conditions such as migrant workers dormitories, measures to prevent COVID-19 transmission such as hand washing, adequate sanitation, physical distancing, self-quarantine, self-isolation or community-wide lockdowns, are often impossible to implement. Additionally, lockdowns and stay-at-home orders threaten the ability of residents in informal settlements to pay for rental housing, while eviction have been continued. Such restrictions have also intensified violence against women and girls, particularly domestic violence, including against migrant women.

Interventions in urban areas need to apply an area-based approach (i.e. improving urban systems and benefiting all people living in the area), in order to foster social cohesion and not increase tensions or negative perceptions. Civil Society Organizations, who extend services to both migrants and local communities play at grass-root level an important role of intermediation and conciliation in this respect. With many migrants - particularly the newly arrived, the undocumented, asylum seekers, unaccompanied minors and other groups in vulnerable situations - ending in conditions of severe precariousness and homelessness, cooperation, coordination, and participatory dialogue between various Government levels, different sectors of society, and municipalities confronted with similar issues can help addressing housing and service provision challenges linked to migration flows towards cities⁶⁸.

⁶⁴ <https://unhabitat.org/housing-at-the-centre-of-the-new-urban-agenda>

⁶⁵ OECD, *ibid.*

⁶⁶ UNGA A/75/148. Adequate housing as a component of the right to an adequate standard of living. Note by the Secretary-General, 27 July 2020

⁶⁷ [UN//www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006](https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006)

> A HOME IS THE KEY

Practice 34. "Reaching Home: Canada's Homelessness Strategy".

In **Canada**, Homelessness is experienced differently by different groups of people and therefore the needs are quite variable. Progress on the reduction of homelessness in Canada is primarily monitored through emergency shelter data and nationally coordinated Point-in-Time (PiT) counts.

According to the 2018 PiT count, 14% of respondents (19,546 respondents across 61 communities) indicated that they came to Canada as an immigrant, refugee or asylum seeker. In comparison, over 20% of the population in the 2016 census reported that they were, or have been, a permanent resident in Canada. Of this 14%, 8% indicated that they came as an immigrant, 3% as a refugee and 3% as an asylum seeker. The majority (56%) had been in Canada for 6 or more years, however a significant minority (26%) came within 6 months prior to the count.

The nature and experience of homelessness differs between Canadians and immigrants, refugees and asylum seekers. This population was more likely to seek service for reasons related to their recent arrival, and more likely to exit shelters into housing than Canadian shelter users. They also spent more time in shelters but were less likely to return to shelters. Through *Reaching Home*, the federal government provides direct support and funding to 64 urban and rural areas across Canada to support local efforts to prevent and reduce homelessness.

Reaching Home provides communities with flexibility in how they can use funding which enables each community to invest in the types of activities that will best reduce future inflows into homelessness at the local level. Communities can tailor these broad activity areas allowing them to design and deliver a range of services appropriate for different homelessness experiences and population groups, including migrants.

Reaching Home has begun an evaluation of the program which will be completed in 2022-23. Under the previous iteration of the program, between 2014 and 2019, 73,992 people were placed into more stable housing while 68,377 people received a Housing-Loss Prevention intervention. Disaggregated data of relevant subpopulations, including migrants, will be analyzed for future design and delivery of the program.

Lessons learned. Migrants represent a unique population of Canada's homeless population. Reaching Home will continue to collect data on how people come to access shelters or other homelessness supports to better enable communities to serve populations most in need.

(IRCC- Immigration, Refugees and Citizenship Canada)

Reference: Reaching Home: Canada's Homelessness Strategy. <https://www.canada.ca/en/employment-social-development/programs/homelessness.html>

Reflecting approaches and solutions presented by the practices, and in line with UN-Habitat views⁶⁹, Table 6 here below summarizes the housing predicament migrants face, and identified remedial actions:

> Tab. 6 Migrants and housing



Poor and overcrowded living conditions: migrants face difficulties in affording adequate housing, and face discrimination and precariousness in private rental; overcrowding affects migrant workers living in 'tied' accommodation provided by their employer. Innovative and sustainable solutions of local governments consider housing development and finance solutions that cater to all groups in vulnerable situations, including migrants; an example is offered by the *Mediterranean City-to-City Migration -MC2CM project* (Practice 14) with cities working towards an enhanced local migration governance with a focus on human rights, urban policy and housing policy;

Forced evictions and homelessness: migrants who work in irregular employment with an uncertain income, are at greater risk of being evicted, in particular undocumented migrants are more vulnerable to homelessness. Cities have promoted the use of vacant housing stock where available, for housing groups in a vulnerable situation; moratorium on eviction has been applied in times of crisis such as the COVID-19 pandemic;

Migrants often spatially segregated: when unable to access adequate and affordable housing, migrants may use any available land to settle, often in peripheral urban areas that tend to have poor accessibility, limited access to employment, education and health, and limited interaction with 'host' communities. Experiences point towards avoiding segregation, with urban and territorial plans promoting well-connected, mixed-use neighborhoods for all;

Migrants often not included in decision-making processes: municipalities and local authorities have the capacity to engage with and bring actors together, to better define roles and responsibilities, establish mechanisms for information-sharing and joint action, promote whole-of-society approaches, and harness the potentials that migrants can bring in generating revenue and making cities more inclusive.

⁶⁹ Ibid.

2.5 Water and Sanitation

Water challenges along migration journeys

Access to water, sanitation and hygiene (WASH) is a human right. An estimated 3 billion people worldwide lack basic handwashing facilities at home (UNDESA 2020) which is an important protection measures against COVID-19. In this regard, the achievement of SDG 6. (Ensure availability and sustainable management of water and sanitation for all) is critical in many ways. WASH services cut across SDG 6 and SDG target 11.1⁷⁰ - which calls for 'universal access to adequate, safe and affordable housing and basic services, and the upgrading of slums'; goals for which ensuring that no one is left behind might require important infrastructural investments, and conducive migrant-integration policies.

Access to clean water and sanitation as well as the dissemination of improved hygiene practices saves millions of lives from deadly waterborne diseases and other infections; it promotes maternal and new born health and survival; ensures a healthy development of infants and children, and their attendance and performance at school; water supply enhances agricultural and farming production, hence nutrition and poverty-reduction. Effective sanitation and wastewater treatment protect from the pollution of surfaces and groundwater, and from related public health consequences⁷¹.

In situations of scarce water supply, it predominantly falls on women and children to collect water which often means travelling long distances and carrying heavy loads, in some cases with a high risk of violence. The time required to fetch water far from home in rural settings can pull girls out of school and leave women with fewer options to earn an income.⁷² Therefore, universal access to water and sanitation is directly linked to the realization of other SDGs, such as those on poverty (SDG 1), human health (SDG 3), and sustainable cities and communities (SDG 11), and cannot be achieved if migrants and displaced people are left behind by WASH services.

Water scarcity and land degradation - and their causes and consequences such as poor governance, land tenure, poverty, conflicts and fragility - are increasingly key drivers of urbanization, displacement, and internal and international migration. It is estimated that by 2030, water scarcity may lead to the migration of more than 700 million people world-wide (UNICEF 2020). Additionally, in situations of conflict, deliberate attacks on infrastructures deprive children and vulnerable people of water supply, enormously aggravating on suffering and diseases⁷³. Depending upon the contexts and resources available, migrants might face barriers in accessing WASH along the migration journey at transit, destination, and upon return. WASH service providers in the other hand - including local administrators and humanitarian and development actors might face challenges, policy dilemmas, financial and infrastructure constraints in ensuring the realization of SDG 6, and WASH-related aspects of GCM Objective 15, for people on the move.

There is in general a lack of data and monitoring on the level of access to water and sanitation services experienced by migrants during their journey, but for migrants traveling hazardous and irregular pathways across desert areas, it is known that extreme situations have led to the loss of lives (IOM 2017). In less extreme circumstances, barriers to public

⁷⁰ SDG 11. *Sustainable Cities and Communities*

⁷¹ UNICEF. *Strategy for Water, Sanitation and Hygiene 2016-2030*. 2016

⁷² <https://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-6-clean-water-sanitation>

⁷³ UNICEF. *Water under Fire*. 2019

services, toilets and water points might be used to disincentive undocumented migrants attempting to transit countries and crossing borders⁷⁴. For migrants apprehended and in detention, situations change based on context and local standards, but many of them face overcrowding, unsanitary conditions – including a lack of hygiene products such as soap and menstrual pads – and inadequate WASH services, with an impact on their health conditions. Regardless of status and migratory dynamics and context, the access to safe and gender-responsive WASH services remains a central aspect of dignity and rights of every individual.

> *NEW DYNAMICS CALL FOR NEW SOLUTIONS*

Practice 35. “Infrastructure Protection Brigades and Response to Emergencies: Clean water provision and water purification at migrant’s caravans settlements”.

In **Mexico**, the large and unexpected inflows of migrant caravans from Central America towards US starting December 2018, has urged the Mexican Government to provide emergency clean water supply in informal settlements, as well as in formal migrant reception facilities.

Lessons learned. A gap in coordination was identified between Federal level, State, and Municipalities in anticipating and responding to a quickly emerging essential water service needs. It is required to strengthen the coordination to enhance capacity to respond in future to similar situations.

(Unidad de Política Migratoria, Registro e Identidad de Personas. Mexico)

Local authorities often discourage the adoption for people on the move of long-term durable infrastructural solutions to pre-empt pull factors and permanent establishment. Hence, in spite of the prolonged dwelling in camps - that for example in the case of refugees can exceed 17 years (UNHCR 2020) - WASH services are often provided following emergency-like temporary solutions, such as the use of public water taps and semi-durable latrines, even decades after camps have been created. Similar situations are lived in semi-permanent informal migrant worker settlements and shanty towns. This often sustains waterborne diseases, and impedes prevention measures during pandemics. Still, some refugee camps might be better served in terms of water supply than neighboring rural poor communities in arid lands, hence creating inequities and social frictions with local populations. In recent times emphasis has been put on the so-called “humanitarian-development nexus” with more resources being invested in longer terms infrastructural

⁷⁴ ODI. Briefing note. *Water and sanitation, migration and the 2030 Agenda for Sustainable Development*. 2018

solutions to expand and enhance the quality of national systems, and facilitate access to essential services to displaced people and surrounding communities alike. A good example is offered by the ARRA- UNHCR-UNICEF *Itang Integrated Water Project* in the area of Gambella/Ethiopia with a pipe network covering 100 km and serving two refugee camps (Kule and Tierkidi) and two towns (*Itang* and *Thurfam*)⁷⁵. Improved WASH services - equally accessible to migrants and local communities - can be a factor supporting successful integration, and the realization of shared economic benefits and social cohesion while reducing public health risks.

The level of enjoyment of clean, drinking piped water delivered to each household, and sanitation can be an indicator for the successful integration of migrants, and well managed human settlements. Yet billion of people worldwide do not enjoy these utilities, and as recalled no data – as far as migrants are concerned - are available to monitor the attainment of such assets⁷⁶. In areas where water is in scarce supply, the influx of migrants - especially if large and sudden – can put strain on poorly managed infrastructures and create shortage and rationing, longer time of wait at public wells, or financial hardship due to increased cost of water where supply depends on water privately sold from trucks and stored in drums. As previously highlighted, local administrators might be hesitant in investing in the infrastructure migrants might need, for fear of being perceived as privileging them, hence lowering the service standards for the residents population. Concurrently, migrants might lack the social capital to demand authorities to meet their essential WASH service needs⁷⁷.

> TREATING ALL PEOPLE EQUALLY

Practice 36. “Assisting with the refugee crisis in the Middle East”.

In **Jordan**, in abidance with government instructions of partial quarantine and lockdowns imposed to curb the spread of the COVID-19 pandemic, refugee and host community families have been adhering to protective measures and have been staying at home and practicing social distancing. This is particularly challenging in the Middle East, where communities thrive on social interaction, and social gatherings and family visits are characteristics of daily life.

Jordan is the second water-poorest country in the world, and water per capita is estimated at 88% below the international water poverty line of 1,000 cubic meters annually. Water use in Jordan is currently unsustainable with the annual renewable supply being 780 MCM but demand exceeding 1000 MCM annually.

⁷⁵ UNHCR. UNHCR. Division of Programme Support and Management. *New Issues in Refugee Research. Research Paper No. 284 Working towards inclusion – Refugees within the national systems of Ethiopia*, 2017

⁷⁶ WHO and UNICEF. *Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)*, 2017)⁷

⁷⁷ *Ibid.* ODI

The total population of Jordan is around 10 million, including more than 1.2 million Syrians since the conflict erupted in 2011. Almost half of them, around 660,000 Syrians, have registered as refugees with UNHCR. More than half of Syrian refugees are children. Many families have chosen to leave the camps and almost 78% (around 1 million Syrians) live in urban host communities, according to the "Assessment of the Jordanian Marketplace" (January 2018).

The large number of refugees fleeing the conflict in Syria has created extreme pressure on existing communities and increased the demand on low-income housing. It is estimated that 25% of Syrian refugees are severely shelter vulnerable and 50% are highly shelter vulnerable, according to the "Inter-Agency, Baseline Report, Vulnerability Assessment Framework" (2015).

A Habitat for Humanity programme implemented the main challenges in the shelter sector and barriers faced by both Syrian refugees and their host communities and has focused on the most vulnerable populations, such as women-headed households and youth in host communities, as well as people with disabilities. Habitat for Humanity Jordan has adopted specific measures to protect and prevent families from being infected by the coronavirus, while at the same time continuing to support home rehabilitation of refugees and vulnerable host communities. The program has adopted when possible, what is known as an 'owner-driven approach'.

Potential beneficiaries were identified using a socio-economic vulnerability assessment on KoBo ToolBox which focus on issues such as families basic information, income per household member, number of people fit to work per family, health conditions (including disabilities and chronic illnesses), the gender of the head of household (HoH), shelter status and other service providers assistances. After selection of cases, technical engineers conduct the first site visit to provide the initial constructional technical assessment of households and prepare the Bill of Quantities (BOQs) for the house, then they do multi-follow up visits to the household.

The technical assessments have investigated shelter elements, particularly those related to access to proper water points and sanitation facilities (i.e.: water taps, water tanks, sinks and washbasins, showerheads, latrines, leaky roofs in common spaces and bedrooms... etc.), as well as elements that may pose a threat to the residents' health (i.e.: dampness in the walls or roofing, unseparated toilets, external wall openings). The technical assessment has also taken into consideration protection and privacy elements by looking into the availability of a lockable front door, functional windows, and toilet doors. As part of the "Segregation of Duties", a different engineer conduct visits to homes and communal projects at the completion stage to ensure the integrity of the work and enrich the program with feedback from a different perspective.

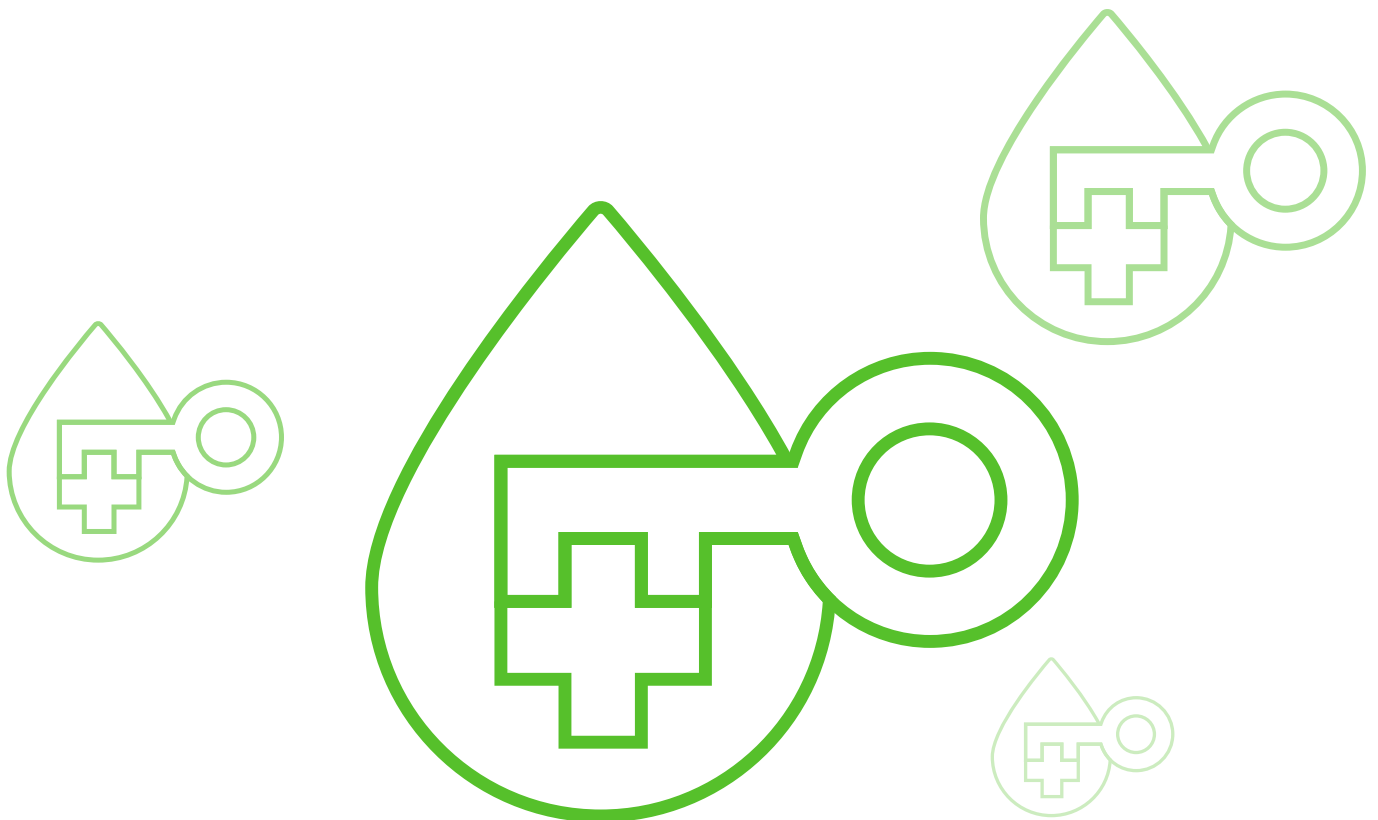
Services include: Pillar 1: *Rehabilitating and improving residential structures* with main repairs and also helping residents obtain secure tenure. Consultations are held with beneficiaries and encourage participation in the decision-making process and construction activities; Pillar 2: *Upgrading and improving communal structures*, including renovating schools and improving communal toilets, septic systems, etc.

with participation and community engagement have been central elements in the program's approach.

Outcomes of the programme were : increased reliability of water supply through rehabilitation of existing water infrastructure; improved the water services through sustainability and accountability; reduced leaks and malfunctions in domestic water networks; increased community awareness and knowledge on sustainable water management; raised public awareness of the community about the importance of protecting water resources and best practices.

Lessons learned. Treating all people equally in terms of providing support are essential for keeping the peace. Rehabilitating homes regardless of legal status in the country, whether beneficiaries were refugees or citizens of Jordan is crucial for community cohesiveness and reduction of social tension among all segments of societies. Assistance is determined by assessed shelter vulnerabilities and the socio-economic assessment of the households. According to beneficiaries' feedback, the assistance reduced health risks, improved privacy and access to water and sanitation, reduced the pests and insects inside the house and that the families were sleeping better and feeling safer overall.

Habitat for Humanity, Jordan



WASH and pandemic

The COVID-19 pandemic has been harsher on vulnerable and marginalized individuals, probably also in view of their limited access to WASH services, either while in movement, in transit situations, in immigration detention facilities, or in underserved settlements. Improvised quarantine facilities for migrants had to be supplied with water and essential utilities. A focus had to be put on hygiene practices.

In its policy brief "Enhancing Access to Services for Migrants in the Context of COVID-19 Preparedness, Prevention, and Response and Beyond"⁷⁸, the United Nations Network on Migration's Working Group on Access to Services has recommended the following:

> Tab. 7 Ensure continuity and quality of water, sanitation and hygiene services (WASH)



- a. **Ensure clean water, basic toilets and good hygiene** practices are available for migrants and local communities when transiting or for those living in camps and in underserved urban areas. Expand the availability and access to WASH services in places where migrants live and at other critical locations, such as border crossings, bus/train stations or key transit points.
- b. Ensure that services such as **waste and water management services are improved** or continuously provided in informal services to enable hygiene measures, but also reduce the outbreak or transmission of other hygiene related sicknesses.
- c. **Include hygiene information into (online) curriculums** and implement education strategies for continued learning for all children – including migrant and displaced children – and make schools safe, healthy, and inclusive environments.
- d. **Make awareness-raising campaigns for infection prevention and control (IPC) and the efficient use of water** in the home and public spaces inclusive of migrants and available in languages they understand.
- e. If WASH facilities are not readily available, **communicate clearly** and often (in languages and formats understood by migrants, including children) that avoiding touching one's mouth or eyes is another way to minimize the risk of infection. Incorporate menstrual health and hygiene management in COVID-19 response plans, with an emphasis on migrant and displaced women and adolescent girls.

⁷⁸ UNNM. https://migrationnetwork.un.org/sites/default/files/docs/final_network_wg_policy_brief_covid-19_and_access_to_services_1.pdf

> *Building on the experience of the crisis for longer term structural solutions*

Practice 37. “Provision of WASH infrastructure and services at Quarantine Centres (QCs)”.

In Lao PDR, a high number of migrant returned from Thailand, following the Government of Thailand's Decrees that closed border crossings in the aftermath of the COVID-19 outbreak. From 11 March to 15 April 2020, approximately 78,322 Lao migrants (23,405 female) returned through seven Point of Entries (PoEs) and are expected to continue to return once the borders officially reopen. This situation has triggered significant concerns regarding potential emergence of new clusters of COVID-19 in the areas of return and transmission among returnees, while travelling in crowded buses, waiting in public places during border control procedures, and most importantly, during the mandatory 14-day quarantine.

While it is estimated that there are hundreds of quarantine centres (QCs) and isolation facilities in the country, most district-level QCs are not centrally managed and do not organizationally fall under any specific Ministry. Therefore, the management of such QCs is based on the level of interest, capacity, and resources of the local authorities, which has often resulted in poor standard practice of adequate physical distancing, safe delivery of food, proper sanitation, cleaning and waste management. The Ministry of Health (MoH) became under pressure to identify appropriate QCs where support was critical, and requested coordinated support from the UN agencies in country.

UN-Habitat Lao PDR has aimed at improving WASH infrastructure and services at six selected quarantine centres in four provinces. This involved conducting: 1) rapid assessment of WASH needs and gaps; 2) rehabilitation and reconstruction of WASH infrastructure and services such as toilets, shower facilities, hand-washing stations, drainages, water piles and taps, and hygiene consumables; and 3) development and distribution of Information, Education and Communication (IEC) materials on good WASH practice.

Direct beneficiaries are those who have stayed at six centres, meaning mainly Lao migrant returnees from Thailand, both men and women, including their family members such as youth, children, elderly and disabled. Thirty-seven new gender-sensitive WASH facilities have been built, including bathrooms and shower facilities, in addition to public hand-washing stations, drainages, water pipes and taps, reaching 8343 people (4136 female and 4207 male) between October and December 2020. The construction of gender-sensitive WASH facilities, such as gender-separated bathrooms and shower rooms, have been particularly beneficial to health, sanitation and hygiene, and well-being of all and especially women and girls as some centres had only a few basic latrines for the entire facility before. In addition, IEC materials have been developed and distributed at these QCs to promote good WASH practices, such as frequent handwashing, to prevent further spread of the virus. UN COVID-19 Response and Recovery **Multi-Partner Trust Fund** (UN COVID-19 MPTF).

Lessons learned. Due to the multi-partnership nature of the project involving many UN agencies and line ministries at national, provincial and district levels, planning and coordination such as selecting the focal QCs, preparing and agreeing on the assessment criteria and conducting the rapid assessment required more time and resources than initially anticipated. Similarly, inadequate capacity and resources of the implementing partners to respond to the unprecedented and emergency situation resulted in some administrative and operational delays to implement activities. Continued monitoring and follow-up of the project activities indicate that substantial work remains on WASH and beyond, as the country has been experiencing the surge of migrant returnees in the last few months, with significant influx yet to be expected when the international borders officially reopen. As immediate way forward, it is imperative that UN-Habitat and its partners 1) maintain safe and proper operation and practice of current activities at the QCs; and 2) strengthen advocacy and resource mobilization efforts to scale up the response to improve WASH services and other cross-cutting needs at QCs and beyond, including vulnerable communities where migrant returnees originally come from. Reflection/lessons-learned workshops have been planned among UN agencies and partners in country to inform way-forward.

(UN-Habitat, Lao PDR)



3. CONCLUSIONS

Principles underpinning the practices presented in the report point to the fact that accessing essential services that enable the enjoyment of adequate standards of living is seen as a fundamental right of all individuals, including migrants regardless of their status, phase, or context of their migration journey.

Migrants' enjoyment of equitable social services and inclusion is more often a reflection of the strength, cohesion, stability, sensibility to diversity and well-being of communities overall⁷⁹, and helps "minimizing disparities, avoids polarization in society, and increases public confidence in policies and institutions related to migration, in line with the acknowledgement that fully integrated migrants are better positioned to contribute to prosperity"⁸⁰. This closely links the achievement of GCM Objective 15 i.e. Access to basic services for migrants, with Objective 16 i.e. Empower migrants and societies to realize full inclusion and social cohesion, with which Member States have committed to sustain migrants "integration and foster inclusive and cohesive societies".

Practices show that the achievement of universal access to dignity and livelihood through equitable services is dependent upon conducive and enabling integration policies. These policies are better realized when public opinion and discourse vis-à-vis migrants and migration is favorable⁸¹, the causes of marginalization, stigma and discrimination are understood and addressed, and the human rights of migrants are upheld. Furthermore, migration should be featured within societal and economy development policies, informed by evidence and knowledge, coherent across sectors, and formulated and implemented in a participatory way.

Additionally, the COVID-19 pandemic has highlighted the importance of considering the specific needs of migrants in response plans in situations of crisis. It has furthermore shown that the provision of essential services to migrants should build on the opportunity of strengthening systems and enhancing policies and practices which benefits migrants and host communities alike. The Global Compacts, the Sustainable Development Agenda and the New Urban Agenda, and related sector-specific processes such as the United Nation Network on Migration have contributed to creating unprecedented potentially favorable conditions for partnership in advancing their objectives. It is hoped that the few examples of promising practices presented in this report will further contribute to motivate Governments, local administrators, institutions, agencies, civil society, academia, communities and other stakeholders in this endeavor.

⁷⁹ A/75/542 UNGA Global Compact for Safe, Orderly and Regular Migration, Report of the Secretary General, 26 October 2020

⁸⁰ Ibid. A/RES/73/195 Global Compact for Safe, Orderly and Regular Migration, Objective 16: Empower migrants and societies to realize full inclusion and social cohesion, 2019

⁸¹ UNGA. High Level Dialogue on International Migration and Development, 2013. IOM Position Paper

ANNEX 1 Methodology

In line with the overall principles of the GCM, practices presented in this report aim at effectively respect and fulfil the human rights of all migrants, regardless of their migration status; as such they have been selected for being participatory, gender-responsive, child-sensitive, reflective in most cases of whole-of-government and whole-of-society approaches and partnership, and have the potential for developing into a 'good practice'. In this respect, the following definition of good practice has been considered:

*'A good practice is a relevant policy, intervention or program, implemented in a real life setting and which has been favorably assessed in terms of reflecting key rights-based and humanitarian principles, and meeting most, if not all, identified criteria'*⁸²

In selecting practices presented in this review, the UN Migration Network Working Group 6 has not intended to assess, verify, select or endorse practices that comprehensively meet all defined principles and values listed, or assert that practices selected are fully adequate, and without implementation flaws. Scope of the selection and analysis (see also Annex III) is rather the recognition and definition of possible optimal course of actions, good philosophy and principles, and the highlighting of solutions that appear promising by virtue of their alignment with key criteria being considered, namely they are:

1. **Applied:** practices have been implemented at the global, regional or national level, rather than merely being proposals or theories;

2. **Cross-sectional:** practices selected reflect in a balanced way the diversity of migrants' services areas involved, and regional and national experiences, exemplary for the variety of migratory contexts;

3. **Relevant:** practices are linked to the implementation of GCM objectives 15 and/or 16, (namely: improving access of migrants to services, including health, housing, education, water and sanitation, and vocational or on-the-job training, and the removal of legal, physical, financial, information and discrimination barriers to this effect; and are reflective of additional commitments and actions expressed within such objectives);

4. **Coherent:** the practice are in conformity with the GCM guiding principles:

5. **Peer-reviewed, against:**

- **Appropriateness and quality** – level of suitability of the practice in addressing the service needs of the migrants and hosting population alike, and its quality in accordance with standards in the field/discipline;

- **Effectiveness** – degree to which the practice was successful in producing the desired outcomes, including whether an evaluation of the practice has been performed;

- **Sustainability** – practice's ability to be maintained in the long-term with the available resources, adapting to social, economic and environmental requirements of the context;

- **Replicability** – the extent to which the practice is potentially adaptable

⁸² Modified from European Commission Director-General for Health and Food Safety. *Criteria to select best practices in health promotion and chronic disease prevention and management in Europe* (https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/sgpp_bestpracticescriteria_en.pdf accessed 10 November 2019).

to different contexts/settings/countries/regions, or whether –mindfully of contextual caveats– it can be systematized and documented to enable a potential replicability or application of key lessons learnt;

- *Transversal* – practice conforms with the 360-degree vision of the GCM, recognizing that a comprehensive approach is needed to optimize the overall benefits of migration, while addressing risks and challenges for individuals and communities;

- *Innovative* – practice provides a new approach that could offer an impetus for others to develop similar practices

- *Timely* – preferably implemented since the adoption of the 2030 Agenda for Sustainable Development (post-September 2015) or being still on-going.

In the experience of several providers and responders, achieving positive health outcomes often implies – particularly for migrants in vulnerable situations - the concurrent provision of multiple services, including medical care, proper documentation, food, clothing, housing, necessary social services, child protection, and family reunification, as well as spaces safe and secured enough to enable the establishment of a sense of community and belonging.