Lessons from humanitarian crises

Looking to lessons from humanitarian crises to inform anti-slavery programming during the covid-19 pandemic

Orla Jackson, May 2020

Human trafficking thrives in crises contexts. Humanitarian crisis such as Typhoon Haiyan in the Philippines in 2013/14 and the 2015 earthquake in Nepal demonstrated how trafficking trends can quickly emerge and increase in the days following devastation[i]. Yet humanitarian responses often overlook victims of human trafficking as a beneficiary group and fail to effectively integrate counter-trafficking measures[ii].This paper summaries lessons learnt from previous humanitarian crises that are applicable to anti-slavery work, and can help inform programming in light of the coronavirus pandemic.

Lesson 1) Integrating counter-trafficking into the humanitarian response

Effective counter-trafficking in a time of crises needs to bridge the gap between humanitarian and development arenas, and it needs to do so pro-actively. Waiting until there is clear evidence of trafficking and exploitation is reactive, and a response triggered by the presence of victims of exploitation is one that comes too late[i]. Guidance from UN bodies[i] states that preventative measures should be carried out from the very onset of the crisis.

The International Organisation for Migration (IOM) recommend integrating counter-trafficking within the Cluster System set up to respond to the crisis[i]. If there isn't a Cluster System counter-trafficking should be integrated within the broader humanitarian response. Guidelines on how to do this include[i iii]:

- Training different humanitarian actors on identifying victims and potential victims, and on deploying monitoring mechanisms for specific risks
- Undertaking advocacy either through the Cluster System (specifically the Protection Cluster), or targeted at other institutions which interlink with key risk factors
- Establishing referral mechanisms that define the roles and responsibilities of actors regarding how to ensure effective assistance to victims
- Within the Cluster System specifically:
    - Dedicate space to counter trafficking, or align with directly relevant concerns
    - Clear lines of reporting back into the cluster system should be established
    - Interact with the protection cluster to understand what is addressed and what the protection gaps are.

The humanitarian response to the typhoon Haiyan in the Philippines serves as an example of counter-trafficking being an integrated part of IOMs emergency response. Capacity of the local government, cluster partners and community members was strengthened to minimise risks associated with human-trafficking and to ensure provision of and safe access to protection support[i].

Training of humanitarian actors. Adapted trafficking-related capacity-building trainings should be delivered to multi-sector stakeholders involved in any humanitarian response. Specific attention should be

paid to training staff positioned at key geographic and strategic points, including border guards, health professionals or other front-line workers. Tools used by international actors in crisis situations should be adapted to include counter trafficking concerns[i].

In the Haiti earthquake response emergency-tailored border management training courses were delivered at border posts to identify victims or potential victims of trafficking. These were to strengthen border officers' skills in dealing with the larger caseloads and to ensure the coordinated operation of border operations during and after the emergency period. Tangible results were seen in terms of apprehending smugglers and identifying vulnerable individuals. Contextual analysis training was important, this was highlighted by some of the difficult definitional issues that arose around an increase in foreign adoption during the post-earthquake period[i].

Operational tools that can be easily contextualized are considered useful by Cluster Staff. The UN Office on Drugs and Crime (UNODC)[iii] recommended personnel who may encounter victims in their day-to-day work be given a summary of indicators or signs that suggest a person has been trafficked. The World Food Programme created pocket-sized cards for staff and partners coming into contact with victims of abuse and exploitation when working in refugee camps to enable them to make appropriate referrals[iii].

Broader aspects of counter-trafficking programs to be extended or ramped up in within a crisis response:
- Capacity building of law enforcement agencies to investigate and respond to incidences of trafficking, child labour, and similar forms of exploitation;
- Training of female staff in law enforcement activities, could be via fast-track recruitment;
- Setting up, in collaboration with local law enforcement officials, judiciary and shelter management committees with child- and women-friendly procedures to enable victims and their families to report incidents of trafficking, child labour and similar forms of exploitation[i].

The importance of collaboration and coordination has been stressed in a number of sources, with reference to a number of emergencies. With the onset of a crisis there will be lots of new actors, work of different agencies may be overlapping and even competing, as was seen during the Ebola response[iv]. Humanitarian and development actors need to link-up and coordinate, close collaboration is needed on all aspects of counter trafficking in a crisis[i].

Without coordination and planning harm can be done, there are instances of communities receiving the same services from multiple actors and others receiving none. A poignant example from the Haiti 2010 crisis was a young girl who had been made very ill by being given the same vaccination by multiple different agencies[v].

Lesson 2) Effectively identifying who is vulnerable to exploitation

The Ebola outbreak demonstrated how existing vulnerabilities can be exacerbated and marginalised people can become even more vulnerable during emergencies. Factors which make some groups more vulnerable include: dependence upon the informal economy; inadequate access to social services or political influence; limited or no financial reserves; lack of capacity to adapt; lack of access to effective surveillance and early-warning systems; and lack of access to health services[vi]. In the Ebola response inconsistent assistance to families under quarantine further exacerbated vulnerabilities. Further highlighting the importance of effectively assessing need at the outset and having a response informed by evidence.

UN agencies recommend conducting rapid assessments, undertaken by trained staff, at the onset of a crisis. These should assess the scope, scale and risk factors to trafficking[i]. The findings should inform

evidence-based responses, allowing practitioners to identify and target groups or individuals in need of support. Lessons from previous crises demonstrate the need to include the following in these assessments [i] [iii]:

- Pre-existing trafficking patterns and how these may be exacerbated;
- Existing vulnerabilities and risk-factors to trafficking, and how these are affected by the crisis;
- New risks to trafficking induced by the crisis for instance, new migration patterns or an influx of migrants;
- Assessment of demand and how this may have changed for instance, demand for exploitative labour may increase as regular workforces are depleted;
- Referral mechanisms can also enable assessment of changing patterns and trends as a result of the crisis.

Early-warning indicators can also help to assess trafficking risks - some of the Organisation for Security Co-operation in Europe early warning indicators are applicable to trafficking. Depending on the context specific assessment indicators could be developed[iii].

Assessments should follow a system, be transparent and clearly communicated to beneficiaries. Space should be made for vulnerabilities to be assessed on a case-by-case basis, and assumptions about how the crises may have affected people avoided. Assessment should include the potential for tensions within the community, steps taken to avoid contributing to this and how this will be monitored[vii]. The assessment should inform responses in the short, medium and longer term[iii].

Assessments should take a gendered perspective. Women are often more affected in crisis – they are typically the primary caregiver in the family and so are more at risk of transmission, they have less control over resources, and other duties still fall to women despite the crises. One good practice can be to ask - 'where are the women?' when formulating a plan of action. Engaging women's organisations can also help redress the balance. Previous humanitarian responses have perpetuated gender roles and not given enough decision-making power to women[iv].

Counter-trafficking responders should review the protection that exists and assess the potential for individuals or groups to fall through the gaps[i]. The Ebola response was led by a public health approach, which did not include protection in its grounding. Protection issues were not integrated until later on in the response, this has been highlighted as a key issue with the response. There were safeguarding issues in some cases and opportunities to protect missed[iv].

Children face specific risks during epidemics. During the Ebola outbreak, unaccompanied children were not systematically identified and their needs not always considered[vii]. Furthermore, the normal systems that provided protection, whether child welfare structures or community-based mechanisms, were weakened and quarantine measures made them more vulnerable. Schools being closed added to the vulnerability of children and the need for protection, school provides a sense of security and the opportunity for intervention[viii].

Lesson 3) Taking preventative actions and raising awareness of increased risks

In the response to the Nepal earthquake 2015 prevention campaigns were held within communities and community watch groups were established to strengthen surveillance. Campaigns included awareness raising on trafficking and safer migration at the community level, schools, hospitals, passport offices, highway checkpoints, and public busses. NGOs were also positioned at borders and in passport offices to try to detect cases of trafficking[i].

UN agencies recommend preliminary awareness-raising efforts, such as advocacy and prevention campaigns, be developed and implemented to inform the local population about the risks of trafficking. Awareness and prevention campaigns must[i]:

- Be informative, culturally appropriate and executed in a manner that does not compound trauma or incite fear
- Whenever possible, prevention campaigns must be associated with direct assistance to the most vulnerable groups
- Be targeted - campaigns need to identify people and target specific audiences on the basis of risk, they should target points of intervention, and be designed with an understanding of the motives of vulnerable people

UNODC's good practice guidelines for counter-trafficking within humanitarian crises include that potential migrants be properly informed about the risks associated with migration, such as those relating to exploitation and security; and that they be informed about avenues for legal migration. Targeted messages should be placed along known routes with warnings about the danger of falling victim to exploitation, and information about how to seek assistance. Electronic, print, social and other media should be used to counter messages spread by traffickers and others who exploit impressionable people[iii].

Awareness campaigns alone are not sufficient, they should be embedded within immediate response strategies in an effort to prevent the abuse and exploitation of a vulnerable population[iii].

Lesson 4) Engaging communities and the importance of clear communication

Ebola taught us how important clear, timely and consistent communication is. Information is needed, in the languages of the target population, to spread information about protective measures and risky behaviours to be avoided. Cultural, social, economic determinants all may prevent people from changing their behaviour to follow guidance. When safety messages clash with culture, culture wins. Therefore guidance must be context-sensitive[vii]. In the Ebola response, top-down, medically orientated messaging focusing on the extreme risk fostered stigma, triggered treatment avoidance and resulted in people seeking support from traditional healers.[ix].

A variety of media should be employed and used strategically, for instance social media could be engaged in addition to communications at key locations - entrance to villages, produce markets, public spaces etc. It is also vital to combat "fake news". Ebola also taught us how quickly misinformation and rumour spreads, and how dangerous it can be. In Guinea false rumours about Ebola being created by the international community to make money circulated. Health efforts were undermined, and there were instances of international teams being attacked[vii].

Communities are key to tackling the epidemic, this was gotten wrong in West Africa 2014 and the Democratic Republic of the Congo (DRC) 2018. Community leaders can help spread messaging, dispel rumours, and understand acts of resistance. In Sierra Leone and Liberia youth groups spread messaging about who is at risk at what they can do[ix]. In Senegal community surveillance groups made up of trained community volunteers, religious leaders and traditional healers were established who reported to their community health post. This was seen as an effective measure, Senegal was able to contain its cases in a way its neighbours weren't. People need to hear information from trusted sources, especially in remote areas[x].

A number of crises have demonstrated how crucial trust is. Trust is built up by responses showing an understanding of the local cultural and political contexts. Trust is essential in an epidemic - if populations do not trust the responders, they will be less likely to seek treatment, follow guidance and more likely to engage in acts of resistance. In the DRC mistrust of authorities led to resistance to the Ebola response[vii].

Actors that are already embedded and trusted within the communities they are working will be well placed to be a part of the response. Which links to the **importance of utilising current structures**, a crisis is not the time to establish new structures. The response should build on existing leadership and co-ordination structures, even if they are not perfect. This was illustrated during the Ebola response where new structures that had been set up structures were ineffective[ix]. Ebola also highlighted the **importance of strengthening the capacities of local actors.** They will be the ones implementing the follow-up activities and the longer-term recovery. In times of an outbreak, they will be the only actors able to respond as international staff are grounded. It's important to build up this capacity as early as possible[ix].

Lesson 5) Protecting livelihoods and children's education

A further lesson from Ebola is that epidemics should be treated as broad-based humanitarian emergencies from the outset. The Ebola response has been criticised for focusing too narrowly on health, neglecting food security, livelihoods and education needs[ix]. Covid-19 is not just a medical emergency, it will drastically disrupt socio-economic life and increase vulnerability to exploitation for many. In order to prevent longer term vulnerabilities as a result of the crisis it is important to invest in the long-term recovery of populations, which includes recovery of livelihoods and school fees for children[vii]. These factors will influence levels of vulnerability long after the health-related issues have been addressed. There is a clear link between economic hardship and vulnerability to slavery, therefore support to livelihoods in response to a crisis should be a crucial part of anti-slavery programming.

Epidemic crises have economic consequences both during and after the outbreak. During the Ebola outbreaks economic challenges included: inflation of prices due to the arrival of large groups of aid workers; quarantine preventing people from earning; movement restrictions impairing access to markets; and entire market closures. After the epidemic, continuing economic challenges included: families decimated by the outbreak with no remaining source of income; survivors marginalised; groups relying on bushmeat hunt and sale losing their source of income; and decline in foreign investment meaning more job losses[vii].

To reduce longer-term vulnerabilities the literature has highlighted the need to:
• Support livelihoods lost due to quarantine. Not only does this reduce vulnerability but it also prevents further transmission of the disease by people working when they should be in quarantine;
• Identify where parents are reluctant to send children to school and respond to their fears or struggles to pay for school fees;
• Encourage continuity of education while training teachers and pupils on safe practices to avoid disease transmission; and
• Include psychosocial and social cohesion support components, such as reintegration support, in epidemic responses[vii].

Cash transfers have been found to be an effective way to reduce suffering in humanitarian crises. A recent report by the Overseas Development Institute and the Centre for Global Development[xi] summaries available evidence on cash transfers, one of the most evaluated humanitarian tools, it finds evidence of their feasibility and effectiveness in certain humanitarian settings. The report concludes that greater use of humanitarian cash transfers in the settings where they are appropriate, without restrictions and delivered as electronic payments wherever possible, would have a number of benefits including: i) better aligning the humanitarian system with what people need ii) increased transparency and accountability of humanitarian aid and iii) support for local markets and incomes[xi]. Within the annex there is detailed information about distributing cash transfers in humanitarian settings.

[i] International Organization for Migration (2015). Addressing human trafficking in times of crisis. Available from: https://www.iom.int/sites/default/files/press_release/file/CT_in_Crisis_FINAL.pdf

[ii] Global Protection Cluster (2018). Anti-trafficking in humanitarian responses. https://www.globalprotectioncluster.org/_assets/files/anti-trafficking-in-humanitarian-responses.pdf

[iii] United Nations Office on Drugs and Crime (2018). Countering Trafficking in Persons in Conflict Situations

[iv] Humanitarian Practice Network (2020). Civil protection and humanitarian aid in the Ebola response: lessons for the humanitarian system from the EU experience

[v] Disasters Emergency Committee (2020). Disasters – lessons learnt. Available from: https://www.dec.org.uk/articles/disaster-lessons-learned

[vi] Community Engagement Hub (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement. Available from: https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/03/COVID-19_CommunityEngagement_1303201.pdf

[vii] United Nations High Commissioner for Refugees et al. (2014/15). Operational Guidance and Toolkit for Multipurpose Cash Grants. Available from: https://www.calpnetwork.org/wp-content/uploads/2020/01/operational-guidance-and-toolkit-for-multipurpose-cash-grants-web.pdf

[viii] World Vision (2020). Secondary impacts of COVID-19 can't be secondary concerns. Available from: https://www.worldvision.ca/stories/child-protection/secondary-impacts-of-covid19

[ix] Overseas Development Institute (2020). Covid-19: five lessons from Ebola. Available from: https://www.odi.org/blogs/16779-covid-19-five-lessons-ebola?utm_campaign=1366797_ODI%20newsletter%20-%203%20April%202020&utm_medium=email&utm_source=Overseas%20Development%20Institute&utm_country=&dm_i=4O2W,TAML,4DBYFD,3J9KA,1

[x] Catholic Relief Services (2020). Lessons from Ebola – remote villages. Available from: https://nationalpost.com/pmn/health-pmn/using-lessons-from-ebola-west-africa-prepares-remote-villages-for-coronavirus

[xi] Overseas Development Institute and Center for Global Development (2015). Doing cash differently? How cash transfers can transform humanitarian aid. Available from: https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9828.pdf

Annex

Cash Transfers During the Covid-19 Response – Key Points

The below summarises key points on providing cash transfers within the Covid-19 crises taken from a number of sources (cited below).

Preparedness:
- Start conversations with financial service providers early – ensure continued availability of cash in your location. Understand contingency plans of your bank, and whether and when they will be closing, and which new protocols are in place
- Will they accept alternative forms of verification if physical verification can't be used due to the lockdown, make contingency plans for if capital controls are put in place
- Explore feasibility of mobile money options in your area and for your beneficiary group
- Understand connectivity and registration issues, and if mobile data needs to be purchased for beneficiaries (and feasibility of this). Assess how the beneficiary usually accesses cash and how this will change with the lockdown

Needs assessment:
- Needs assessment will be ongoing, the crisis will have unknowns. Plan to re-assess.
- Needs assessment can include, but not limited to: loss of income, healthcare costs, access to markets for basic goods, social capital (support from family and friends), personal vulnerabilities

- The UN High Commissioner for Refugees (UNHCR) recommends developing a targeting strategy, UNHCR guide pg. 44 – 50.
- Understand what the government is providing, who has access to it, how does it differ in terms of size, is it sufficient
- Needs assessments should be gender sensitive - consider who is using the transfer and if the family that there is equitable access and control over the funds

Transfer value:
- UNHCR guidelines including working out a 'minimum expenditure basket' defined as what a household requires in order to meet basic needs, on a regular or seasonal basis, and its average cost. UNHCR guide pg. 22 – 25.
- Transfer values are determined by understanding the beneficiary vulnerability and the 'gap' to the minimum expenditure. Understand how much of the gap the transfer is intended to cover
- Monitor prices of basic goods, factor this into the cash voucher assistance (CVA) value. Adjust value if there's significant and consistent price change. Values have to account for inflation.
- Set a threshold where changes in the gap would trigger a change in the amount e.g. a change in prices of +/- 10%

Frequency:
- If context allows regular monthly schedules
- If more stringent mobility restrictions are expected, consider lump-sum transfers. Consider whether HHs can access markets and whether they need a single up-front transfer. Up-front preventative transfers may be considered, where monthly payments are rolled together
- Ease of mobility, geography and availability of other aid should be factored into frequency decisions
- If there are changes in frequency ensure clear communication about the period the transfer is intended to cover
- Duration should be considered – in this situation this is more difficult however a provisional plan should still be made

Delivery mechanisms:
- Select the simplest mechanism that involves the least contact
    o nonconditional cash transfers or labelled cash transfers preferable
    o vouchers could add complexities
    o choose transfers that are easily verified
- Delivery options:
    o mobile money has minimal risk
    o transfer to bank accounts reduced risk – but this could incur delays
    o cash and vouchers – could incur virus transmission, obtain new notes where possible and avoid/reduce direct handling
- Choose a mechanism that allows 1-meter minimum distance, 1.5 – 2 meters is preferable
- Rely on systems you are confident will work, avoid introducing new systems

At distribution sites:
- Pens for signing – have lots of pens so people can take them away, or ensure pens are properly cleaned. With mobile money and transfer to bank accounts verification is automated so signatures not needed
- Have hand-washing stations along with distribution site
- Covid-19 awareness and prevention information should accompany transfers/ be at sites
- If physical distributions establish and communicate protocols for handwashing, social distancing and premises/equipment cleaning, clean contact surfaces in-between

Distributing:
- Stagger delivery of CVA to reduce individual mobility, and congestion in marketplaces and stores. Research has shown that transfers are put to use on the day of the transfer
- Ensure people with symptoms have a substitute to collect the CVA

- Ensure beneficiaries are briefed on: the selection process, their entitlement – what it is intended to cover, duration and frequency
- Ensure no-shows are called and give another chance to collect
- Keep up to date information on payment status and verification of receipt transfer (e.g. beneficiary signing upon receipt)

Accountability /feedback mechanisms:
- Hotlines or help desks or other feedback mechanisms are important as it helps provide accountability. These should be mechanisms that do not include direct contact. Clear instructions should be given on how to access

Risk assessment:
- Outline the main risks of implementation e.g. inflation of market prices, funding shortfalls, diversion or fraud, etc., and develop mitigation measures

Sources:

The Cash Learning Partnership (2020). Cash and Voucher Assistance in COVID-19 contexts: guidance from the CaLP network. Available from: https://www.calpnetwork.org/wp-content/uploads/2020/03/COVID-summary-26-March-2020.pdf

International Committee of the Red Cross (2020). Tip Sheet - Cash and Voucher Assistance, COVID-19. Available from: https://covid19.alnap.org/help-library/tipsheet-cash-and-voucher-assistance-and-covid-19

United Nations High Commissioner for Refugees, et al. (2014/15). Operational Guidance and Toolkit for Multipurpose Cash Grants. Available from: https://www.calpnetwork.org/wp-content/uploads/2020/01/operational-guidance-and-toolkit-for-multipurpose-cash-grants-web.pdf