



REFUGEES, ASYLUM SEEKERS, AND COVID-19

Engaging marginalised communities
in the pandemic response

Case studies from Greece,
United Kingdom and Netherlands



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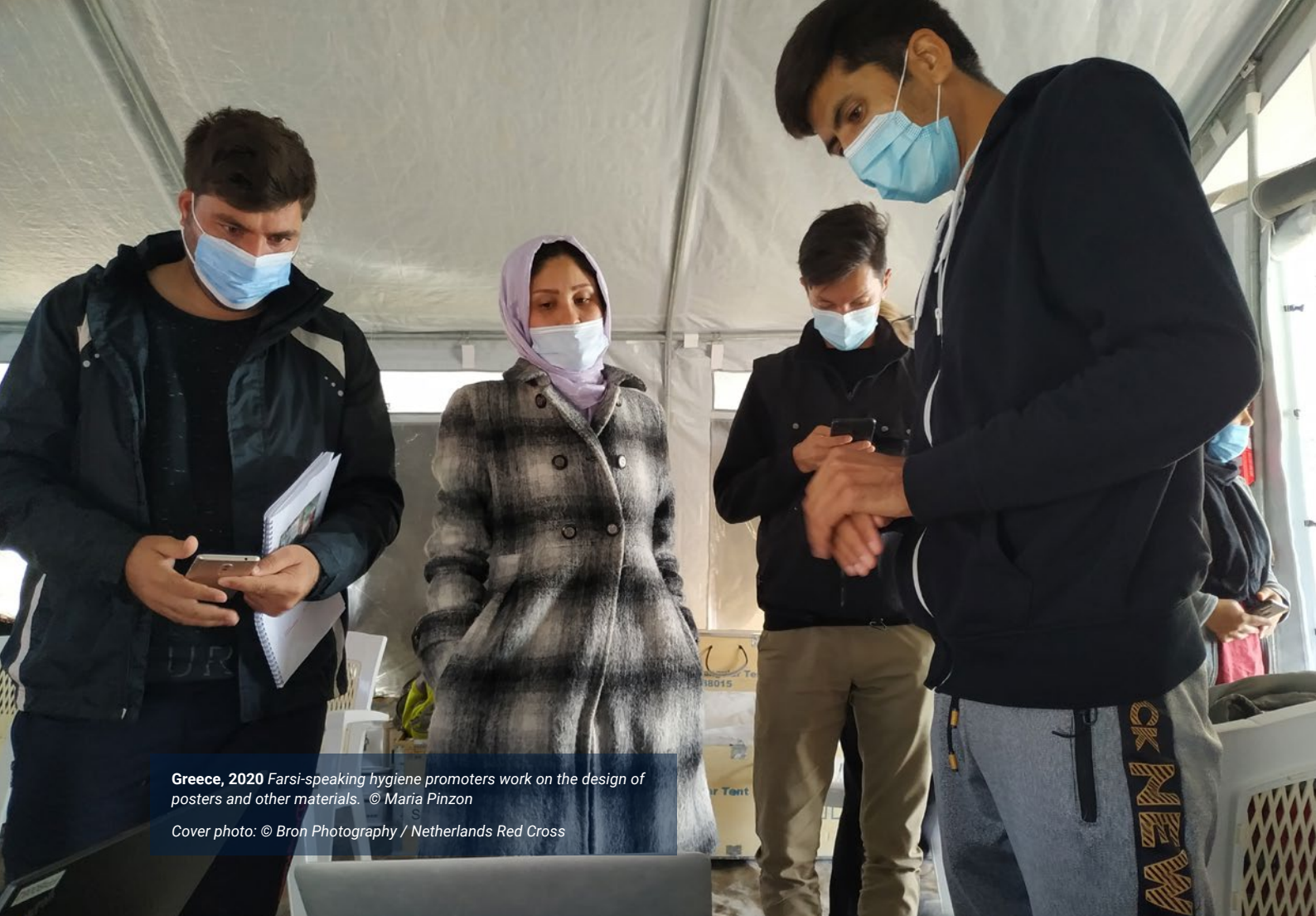
ACKNOWLEDGEMENTS

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BritishRedCross





Greece, 2020 Farsi-speaking hygiene promoters work on the design of posters and other materials. © Maria Pinzon

Cover photo: © Bron Photography / Netherlands Red Cross

INTRODUCTION

The mantra during the pandemic that “nobody is safe, until everybody is safe” has thrown focus not just on the disparities between countries, but also within individual countries, particularly in terms of people’s access to information, health services, and vaccination.

Refugees, asylum seekers, and migrants are amongst those who, regardless of the pandemic, consistently face economic, social, legal, and language barriers – amongst others – to accessing support and information; obstacles COVID-19 has exacerbated.

Recognising these consistent barriers, and the critical epidemiological and humanitarian necessity of reaching everybody, National Societies across Europe and Central Asia have adopted different various and activities as they seek to ensure nobody is left out.



GREECE

COMMUNITY VOLUNTEERS

When fire swept through the Moria camp on the Greek Island of Lesbos in September 2020, destroying thousands of people's shelters, clothes, and possessions, it was hard to believe things could get worse.

Yet, as work to re-establish basic humanitarian services continued, COVID-19 brought a further threat.

IFRC WASH Coordinator Lidwina Dox was deployed to Lesbos to support water and sanitation services in the wake of the fire.

With residents in the camp largely divided along ethnic, religious, language, and cultural lines, Dox understood that working with volunteers from all communities was critical.

Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) principles, in particular inclusion of the community, were prioritised throughout, including in responding to COVID-19.

At one point construction of new facilities meant people living in the camp needed to move where they were staying, while limited space and time meant new services could not meet everybody's cultural preferences – a challenge that could have had serious repercussions.

Volunteers recruited in the camp engaged closely with their respective communities, explaining the situation and asking what the preferred solution would be – working together people in the camp were able to find a way forward.

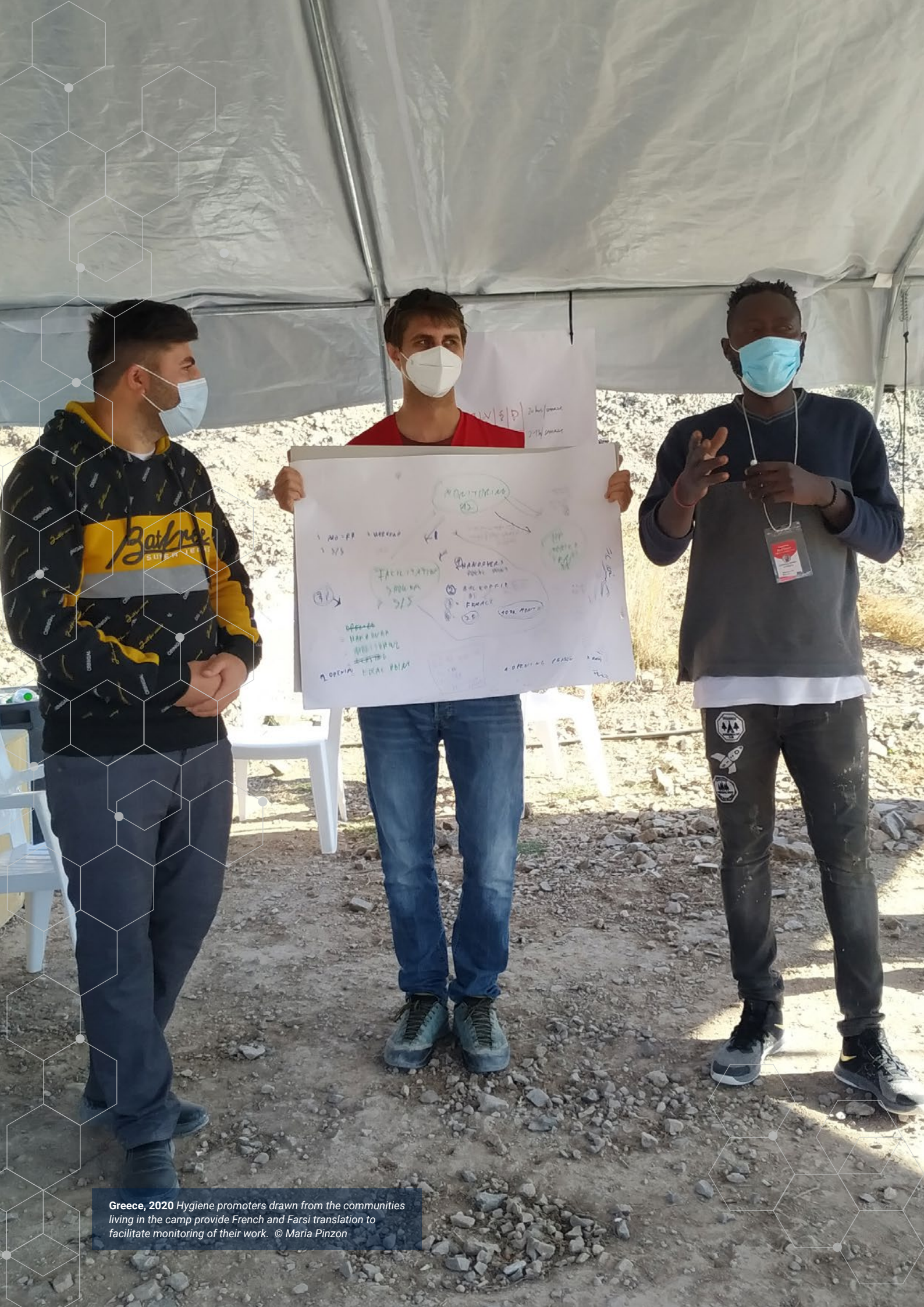
As on Lesbos, community volunteers in the New Malakasa camp near Athens have been essential in responding to COVID-19 – volunteers like Danesh Khairkhah, from Afghanistan, who lives in the camp with her parents, four sisters, and brother, and has been volunteering with Hellenic Red Cross for around a year.

As well as sharing information about prevention measures, she and other volunteers have also been assisting with rapid testing and checking if people have other issues the Red Cross can help with.

By meeting outside in small groups, volunteers have been able to reach most people in the camp, sharing COVID-19 and other basic health information and first aid advice, and emergency telephone numbers for further support.

Danesh believes the connection when people recognise the volunteers have the same backgrounds as them makes all the difference.





Greece, 2020 Hygiene promoters drawn from the communities living in the camp provide French and Farsi translation to facilitate monitoring of their work. © Maria Pinzon



Lidwina Dox

IFRC Water, Sanitation and Hygiene (WASH) Coordinator

When I arrived, we had a strong focus on hygiene promotion, but with the inclusion of PGI and CEA principles.

The main thing for me was ensuring we treated people with respect and dignity in everything we did.

We realised that we needed the community on board, from the initial planning stages all the way through.

We went to the different groups and asked who was interested in volunteering with the Red Cross and people started coming

We met with everyone who wanted to join and made sure as many of the various different communities present in the camp as possible were represented.

Volunteers were able to effectively represent the concerns and interests of their respective communities within and throughout the work of the Red Cross.

It really broke down barriers and helped build a sense of common purpose – everyone worked together to find solutions which worked.

Decisions could have been made more quickly, but because we gave the communities time to discuss the work and reach their own solutions, the results were more accepted and sustainable.

The volunteers were invaluable for understanding what people's concerns and questions would be.

They were included in all the decisions for developing materials – what they should look like, what they should cover.

In terms of ensuring trust in the information being shared, having volunteers from those communities sharing information about COVID-19 to their peers, in their own languages, and in terms people could understand, that really was the most effective solution.





Danesh Khairkhah

Hellenic Red Cross volunteer in the New Malakasa Camp near Athens

We tell people about how they can stay safe from COVID-19, about vaccination, and any new things the Red Cross is doing.

There are a lot of communities from all over – Africa, Middle East, Afghanistan – we work with everyone but mostly I work with Afghan people because I speak the language and that's where I am from.

We have volunteers from all the main communities in the camp.

It's not just because we speak the language that it's helpful – because we are from the same community we don't just know the language, but also the kind of situations people have, the lives they lead.

A Greek person maybe will be different, maybe they won't understand the situation so well, but I know because we all came the same way, we came from the same places, and we all have the same problems.

People trust us and accept us, it really helps build a good relationship between the Red Cross and the communities, and I really like being a volunteer because it means I can help people.

We experienced a lot of problems on the way when we came from Afghanistan

We spent nights in the forest under the rain, under the snow, we were really scared.

When we crossed the sea it was really frightening for us.

When the Red Cross came we wanted to help because we know the hardship people have faced, and the hardships they have now.

Key Lessons

Volunteers from all communities

Volunteers should be representative of the diversity of the communities the National Society works with and draw on their skills and experiences. This builds trust and helps establish relationships, resulting in deeper insights and more effective support.

Participation and inclusion

Participation and inclusion of people from affected communities should run throughout, from inception and assessment, through implementation and adaptation, right through to final evaluation. Meaningful inclusion and participation can hardwire community involvement into the fabric of projects, ensuring they respond and adapt to people's needs.

Meaningful responsibility

Drawing volunteers from affected communities must not just be for show, they must have genuine responsibilities, and genuinely be included in planning and decision making. As well as building trust, and supporting the relevance of activities, supporting the development of volunteers also helps ensure sustainability.

Links

Hellenic Red Cross Facebook Page – <https://www.facebook.com/GeorgiaRedCross/>

Hellenic Red Cross Vaccination Survey – <https://communityengagementhub.org/resource/survey-on-the-beliefs-of-the-vulnerable-population-regarding-the-covid-19-vaccine/>

Contacts

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UNITED KINGDOM LIVED EXPERIENCE AND CO-PRODUCTION

The British Red Cross is the largest independent provider of services for people seeking asylum in the United Kingdom.

When COVID-19 arrived in the UK, the British Red Cross (BRC) Refugee Support team was already alert to its potential impacts on the lives of their service users and others lacking access to the statutory health system.

To help ensure information was as accessible as possible, the team worked in partnership with Doctors of the World, creating electronic and physical COVID-19 informational materials in 20 languages.

Co-production approaches – working in partnership with people who have relevant lived-experience – were also used to ensure activities and materials were relevant and practical.

Focus groups with people who had been through the asylum or family reunion systems helped identify specific concerns, barriers, and best channels for sharing information.

These informed a series of targeted information sessions and were shared with local authorities to advocate for the provision of accessible information to excluded migrant communities.

The Refugee Support team also worked closely with BRC's domestic Crisis Response department and others to draw on the most relevant expertise.

Volunteers who are themselves refugees or asylum seekers have been crucial in BRC's COVID-19 efforts, helping to lead the engagement process.

BRC's Psycho-Social Support team was also consulted, helping teams to approach people in unthreatening ways and avoiding making people feel uncomfortable or intimidated.

In addition to outreach work, BRC teams have also supported 'pop-up' vaccination clinics for people outside the formal health system, raising awareness of the events in advance, discussing issues with people, helping book appointments, and attending on the day to provide language assistance and emotional support.

The teams have also helped facilitate community discussion sessions in relevant languages, featuring local doctors, faith leaders, and others for conversations about COVID-19 and vaccination, giving people the chance to debate issues in their own languages and in relation to their own cultures.



Ellie Shepard

***Head of Refugee Support
British Red Cross***

Initially, as a National Society, a lot of our focus was on supporting mass vaccination sites in a stewarding role, but we realised very quickly that there was a need for more targeted outreach.

Many of the people the Refugee Support team works with are excluded from health services, there was an obvious gap and it made sense that we adapted our approach.

It's really been a great team effort – the crisis response team and volunteers have capacity and experience in deploying in emergencies, and as Refugee Support we have the skills and knowledge of working with people who are refugees, asylum seekers or undocumented migrants.

Working together we've been able to combine those strengths and respond at scale with the skills and sensitivity required.

We started with some ad hoc activities, but from those we developed an overall strategy for our work, which helped give us more focus and be more consistent and comprehensive.

It's important that our outreach around COVID-19 is effectively targeted and practical, but also that it ties in with other areas of our work, that we are able to refer people to other services and providers when issues aside from vaccination are raised, and that we use our relationships with authorities to advocate not only about COVID-19, but wider challenges around health inequality.

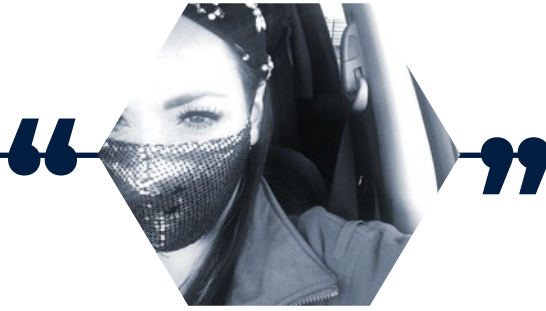
The politics behind how asylum seekers are treated can make this a very tricky area to work in, but a lot of local authorities didn't have plans for reaching excluded groups and that was something we were able to both press on and support with.

At our heart, it just makes sense for everything we do to be guided by the people we are seeking to help, co-production and the inclusion of people with lived experience are integral to our work and have been key to us responding effectively during COVID-19.





United Kingdom, 2021 At Heathrow Airport, British Red Cross volunteers welcome Afghan families relocating to the UK, handing out food, clothing and toys to arriving families © Alicia Melville-Smith



Laura McFadyen

Community Vaccination Outreach Officer based in Liverpool

We worked with the local authorities, initially they would tell us where there was low vaccine uptake and we would target those areas with mass leafletting and door-to-door visits – but we realised pretty quickly that we needed to be more targeted.

We needed to reach out more directly to people who are refugees, asylum seekers, or undocumented migrants.

Working with the relevant authorities to identify places where refugees and asylum seekers were staying, we were able to go directly to them.

It was a much more effective way of reaching people outside the health system, rather than knocking on the door of every house.

A lot of people already know the Red Cross emblem, so I feel like we already have a good level of trust when we approach people.

But our biggest asset is our volunteers with lived experience of seeking asylum, as soon as people speak to each other in their own language, and recognise they have shared experiences, that helps create another level of trust.

It was really important that the volunteers were not simply go-betweens, they were not interpreters or translators – it was really their job to lead the engagement with people and to share information and have discussions with people in languages and in ways they understood and related to.

Having a neutral, impartial organisation like the Red Cross sharing information about vaccination, and saying ‘this is how you can access the vaccine’, but not trying force people one way or the other, has been really important.

Trust is crucial, and organic, natural conversations are key, we simply couldn’t engage with people effectively without staff and volunteers with lived experiences, who share language, culture and life experiences with the people we are trying to reach out to – and because of that, people feel able to talk to us about things they wouldn’t necessarily tell others.

Key Lessons

● Lived Experience and co-production

BRC COVID-19 work supporting refugees and asylum seekers has relied upon the skills and contributions of people with lived experience of the asylum system. Recognising this as a crucial resource, and ensuring the structured involvement of people with lived experience through, for example, co-production approaches, has provided a solid foundation for activities and materials.

● Prioritise and engage

Blanket messaging to reach a specific target is unlikely to be efficient or effective. If there are people who should be prioritised – people who are particularly vulnerable, or who are being missed – approaches and materials should be tailored to their needs as much as possible. Genuine, engaging conversations will have greater impact than mass messaging or slogans.

● Advocacy

Drawing on people's lived experiences can provide an evidence base with which to advocate with authorities for change. The area of Asylum and Healthcare can be contentious but highlighting specific gaps in relation to COVID-19 can help address immediate problems, and open the door to further discussions.

Links

BRC Refugee Support – <https://www.redcross.org.uk/about-us/what-we-do/how-we-support-refugees>

BRC Vaccine Voices – <https://www.redcross.org.uk/get-help/coronavirus/coronavirus-vaccine/vaccine-voices/jessis-vaccine-story>

Contacts

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Reem
vrijwilliger KRUIDVAT

COK
Centraal Orgaan opvang en ondersteuning
HOST

DEEF!
HET RODE KRUIS
+ **HELPT**
ONVOORWAARDELIJK

Kruidvat
Inzetschoenen
textiel
perfecte pasvorm
permanente
permanente

NETHERLANDS CO-DESIGNED SMART PHONE SOLUTIONS

The Netherlands is home to an estimated 40,000 people who are undocumented migrants, people who, because of their status, have tightly limited access to social support and government healthcare.

During COVID-19, when lockdowns saw many people lose employment and income, undocumented migrants working in informal jobs were particularly affected – when their jobs stopped, they had no recourse to government financial support.

At the same time, COVID-19 posed increasing health risks, especially dangerous for people with limited access to healthcare and information.

It was in this context that Netherlands Red Cross Society's (NLRC) Domestic Department and their 510 Data and Digital Initiative collaborated to develop remote health information and emergency cash tools.

Using what NLRC calls co-design – engaging directly with crises-affected people, and Red Cross staff and volunteers, to identify priority issues and preferred, practical solutions – a suite of smartphone tools was identified: a WhatsApp helpdesk, a web-based app for referral information, and digital supermarket vouchers.

Three separate entities, the tools are mutually supportive, with the WhatsApp helpdesk and referral information web-app particularly closely linked.

WhatsApp was chosen based on co-design sessions - it is an app almost everybody has, is free to use, and does not require the latest handsets or large amounts of data.

The 'helpdesk' enables people to use WhatsApp to ask questions about COVID-19, Red Cross services, or any other issues they may be facing, which are responded to directly by NLRC.

For the referral information app, which enables people to navigate through selected information themselves – including on COVID-19 and health – a web application was chosen as many people didn't trust apps that needed downloading and didn't want to use up their phone's memory.

The third element the team worked on, remote cash support, enables supermarket vouchers to be sent direct to people's phones.

The vouchers are sent through WhatsApp and on screen look just like paper vouchers with scannable bar codes – they can even be used at self-checkout tills.

Having proven the tools domestically, the NLRC 510 team is now exploring if there are partners internationally who would be interested in trying them out.





Jonath Lijftogt

***Digital Community Engagement & Accountability coordinator
Netherlands Red Cross' 510 team***

The project actually started well before COVID-19 arrived – in 2019 a colleague reached out to us for help setting up systems to support people who were undocumented migrants.

We were seeking insight into what people's main information needs were and how we as the Red Cross could support, and then COVID-19 arrived.

We realised that people who are undocumented would be disproportionately affected, so we went back to the people we spoke with before and asked how we could help in this new COVID-19 situation.

The co-design side was really important, these were not digital solutions that we created and then tried to fit to the problem, we listened to what people needed and wanted, and designed the tools to meet that brief.

Everything right down to how the tools look on the phone, how the interfaces function, it's all based on insights from the co-design sessions to make sure we have something that not only does what people need it to do, but which they are familiar with and trust.

The people the services are designed for are quite digitally literate, particularly when it comes to using smart phones – they are a tool the people we are prioritising are familiar with and confident using.

We saw a clear need with people losing jobs in the informal employment market as a result of COVID-19, and not being able to access government or other support.

Getting cash to undocumented migrants can be challenging, most people don't have a bank account, so we came up with vouchers that can be sent to people's phones.

We'd love to work with other National Societies to see if the tools could be adapted for use in other countries.

The content is easy to change, co-design sessions could see how things should be adapted, and we can support technically on the IT side.

We know that these digital tools can help people live more independently, and we'd love to see that shared more widely.

We know it will be difficult, but there is a need to engage with and include the communities we work with, it's really important that happens.



Netherlands, 2021 The Netherlands Red Cross distributes vouchers for food to people in the Netherlands affected by the COVID-19 pandemic. © Arie Kievit / The Netherlands Red Cross



Melanie Miltenburg

*Coordinator of direct digital aid in the 510 team
Netherlands Red Cross*

The tools are really inter-related – staff answering questions on the WhatsApp helpdesk also use the referral information web-app to get information and directly respond to people's questions, and vice-versa, we also see what questions are coming through to the WhatsApp helpdesk and use that to add or adjust information on the web-app.

When COVID-19 arrived, we provided information about rules and restrictions, as well as ways to prevent its spread.

As vaccines rolled out we were getting more and more questions through the WhatsApp helpdesk about how, when, and where people could get vaccinated, so that was something we prioritised in the web app.

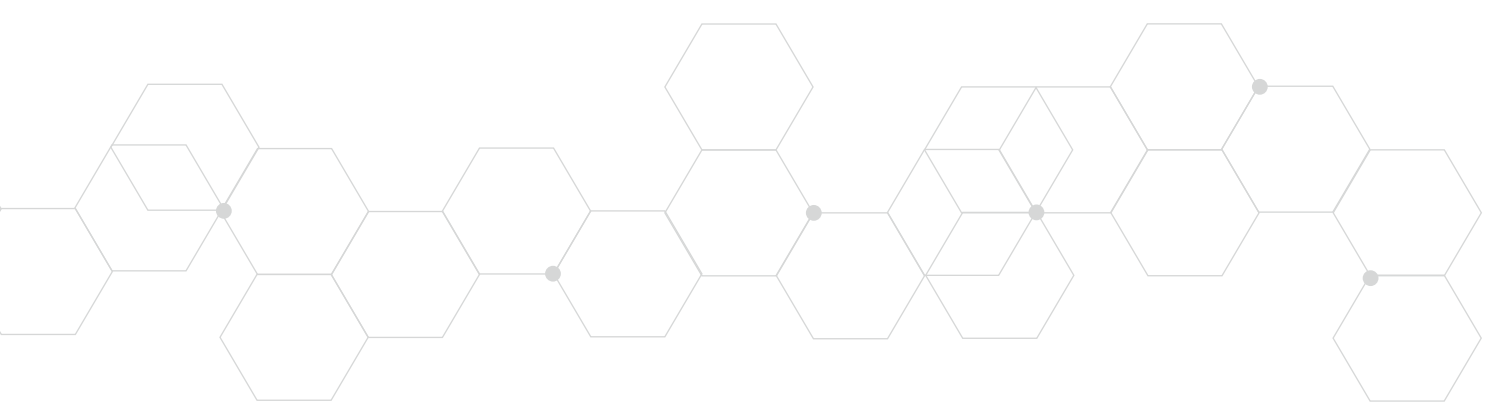
We did a lot of research on how to communicate this information to make sure people understood it would be safe for them to access the vaccination service, particularly that they would not get in trouble with the authorities if they went to get vaccinated.

More recently we are getting a lot of questions about vaccine certificates and how to prove someone has had the vaccination, so we've added information about that too.

People really like how discreet the cash vouchers are, people said that simply scanning the voucher to pay made them feel more human and more like any other Dutch person.

There is nothing in the process to draw attention that this is someone using financial support and, because it can be sent remotely, people don't have to physically collect them, which has benefits both in terms of dignity and reducing COVID-19 risks.

Once people have received the voucher they don't need Wi-Fi or a data connection for it to work, it's just there on their phone and they can use it until the full value is spent.



Key Lessons

● Fit solutions to problems

Solutions like these should always be developed based on the needs of the people who will be using them – in this case people who are undocumented migrants, and Red Cross volunteers and staff responsible for managing and delivering the tools. Imposing tools with a top-down approach is a recipe for poorly performing tools which will not be fit for purpose.

● Simpler is usually better

Smartphones obviously present a huge opportunity, but the myriad technical details affecting the functionality, interface and utility of tools designed for them can make development of effective solutions challenging. Simpler and lighter is almost always better.

● Dignity

One aspect that, at least superficially, has nothing to do with technical functionality – the tools have been successful because they increased people's sense of dignity and supported people to feel more independent. These are critical outcomes, and it should never be forgotten that even when developing so-called technical solutions, what we are really looking for are human solutions.

Links

510 Data and Digital Initiative – <https://www.510.global>

Contacts

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CONCLUSION

People who are refugees, asylum seekers, and migrants – and particularly people who are undocumented – are some of those most at risk of being left out during the COVID-19 response.

From community volunteers to smartphone-based solutions, National Societies across Europe and central Asia have sought ways to tackle this disparity, with close involvement and engagement with those people they are seeking to support proving the key to developing effective solutions.

1

Working in partnership with crisis-affected people – Across all examples, working in partnership with crisis-affected people to develop and deliver activities, tools, materials – solutions of all kinds – is a clear common theme. It is not a case of National Societies making solutions to provide to people for them to use, but that for solutions to be effective, the inclusion and involvement of affected people themselves throughout their development and delivery is a necessity.

2

Creating space for the voices of refugees, migrants and asylum-seekers – The Movement principles of neutrality, impartiality, and independence, and the primacy of humanitarian concerns over all others, provide a clear space and role for Movement actors in relation to working with people who are refugees, asylum seekers or migrants. Where appropriate, this also provides an opportunity for Movement partners to work with authorities and advocate on behalf of people who otherwise may not have a voice in decision making at government levels.

3

Value of lived experience – Lived experience is an attribute which must never be under-estimated – from building trust when sharing information about COVID-19, to helping settle community issues in camps, to designing smartphone apps – none of these could be done as effectively without drawing on an invaluable resource which National Societies often have unique access to.

4

In-depth participation through co-production – To move beyond simply paying lip-service to participation, approaches which consciously and deliberately recognise the value of lived experience should be formally adopted. Co-production and co-design are two such approaches that ensure participation goes beyond perfunctory consultation towards establishing relationships of genuine partnership.

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



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

is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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