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Save the Children

CASH ON THE MOVE

Adapting Multi-Purpose Cash 'Plus'

Assistance to support people on the move

A Case Study from Peru

CONTENT

Finding your way around the case study	3
Executive Summary	4
CHAPTER 1: THE JOURNEY	12
1. Program rationale	13
2. Tailoring cash transfers to migration	13
3. Identifying beneficiaries on the move	15
3.1 <i>Itinerant teams and local network</i>	15
3.2 <i>Mobile selection tool and automated scoring</i>	17
4. Setting up rapid distribution mechanisms	18
5. Complementary services	20
5.1 <i>Formal and informal shelters</i>	20
5.2 <i>'Comedores'/ Soup Kitchens</i>	20
5.3 <i>Administrative support</i>	21
5.4 <i>Orientation and Information sharing</i>	21
6. Outcomes of the cash for transit assistance	22
6.1 <i>Beneficiary profiles</i>	22
6.2 <i>Use of Cash</i>	24
6.3 <i>Positive Effects on Household Basic Needs</i>	24
7. Recommendations and lessons learnt	28
CHAPTER 2: THE NEW BEGINNING	32
1. Program rationale	33
2. Adapting the cash transfer amount to families' needs and compositions	33
2.1 <i>Occasional vs monthly expenditures</i>	33
2.2 <i>Length of assistance</i>	35
2.3 <i>Per capita calculations and baby top ups</i>	35
2.4 <i>Factoring income in the transfer calculation</i>	37
2.5 <i>Minimum Expenditure Basket composition</i>	37
2.6 <i>Considering Remittances in the MEB design</i>	40

3. Identifying and selecting individuals in megacities: networks and new technologies	41
3.1 Referral systems through shelters	42
3.2 Self-identification approach	42
3.3 Online self-identification platform	42
4. Organizing integrated distributions	43
4.1 Step 1 – Verification	43
4.2 Step 2 – Child Friendly Space	44
4.3 Step 3 – Sensitization	45
4.4 Step 4 – Registration/Baseline	45
4.5 Step 5 – Distribution	46
5. Complementing MPCA with Nutrition and Protection	47
5.1 Nutrition complementary activities	47
5.2 Child Protection Complementary Activities	48
6. Outcomes of the program	49
6.1 Beneficiary profiles	49
6.2 Use of Cash	50
6.3 Food Security	54
6.4 Nutrition	57
6.5 Protection	60
6.6 Shelter and NFIs	62
6.7 Water, Sanitation and Hygiene	62
7. Recommendations and lessons learnt	63
CHAPTER 3: THE PANDEMIC	66
1. Impact of COVID-19 on beneficiaries	67
2. How much is needed to survive during quarantine?	71
3. Working towards a contactless cash programming	72
4. Using social media and new technologies to provide complementary services	74
5. Recommendations and lessons learnt	75
PHOTO & VIDEO GALLERY	76

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Finding your way around the case study...

This case study documents the implementation of the 2019 Multipurpose Cash Assistance (MPCA) 'Plus' Nutrition and Protection program targeting Venezuelan migrants in Peru, funded by USAID Bureau for Humanitarian Assistance (formerly FFP and OFDA). It is divided into three main sections, each focusing on specific operational or programmatic aspects, with the objective of providing practical information and lessons learnt from the project to a varied audience.

The **introduction** provides an overview of the **humanitarian situation and specific needs of Venezuelan migrants** in Peru, and provides key contextual information needed to understand some of the programmatic and operational logic applied in this project.

Chapter 1, "The Journey" focuses on detailing the **operational model** set up to assist populations on the move, at their arrival in Peru and throughout their journey across the country. Even though basic information is provided on programmatic design and impact (such as MPCA calculations and complementary activities), the chapter primarily focuses on documenting how operational challenges, such as rapidly identifying and providing MPCA assistance to a population in constant movement, were addressed by the program.

Chapter 2, "The New Beginning" provides a comprehensive analysis and description of integrated activities designed to assist **migrant populations aiming at settling into a new host country**. In this chapter, more emphasis is given on the **technical design** of the MEB, MPCA transfer calculations and complementary activities. It also provides a step by step description of 'integrated' distributions, and ends with a detailed analysis of the impact of the MPCA on multi-sectoral outcomes.

Finally, Chapter 3 "The Pandemic" starts by presenting the devastating socio-economic impact that the COVID-19 pandemic had on migrant populations, which could be measured through SC's regular MPCA monitoring. It also provides illustrations of **programmatic and operational adaptations** such as changes to the MPCA amount, remote monitoring, and digitalization of complementary protection and nutrition activities.

In addition to documenting and analysing the above-mentioned aspects, each chapter ends with lessons learnt and recommendations, which are summarized in the following executive summary.



Executive Summary

In 2019 and 2020, with the support of USAID's Bureau for Humanitarian Assistance (formerly FFP and OFDA), Save the Children implemented a multi-purpose cash 'Plus' program in response to the influx of Venezuelan migrants into Peru. Households that were only transiting through the cities where they were identified were provided with a one-off cash transfer assistance aiming at covering their lodging, food, hygiene and transportation costs. Those that were planning to settle were provided with three months of unconditional cash assistance, aiming at covering their food, WASH and transportation needs as well as enabling them to start renting a flat and purchasing basic sleeping and cooking furniture. MPCA assistance was complemented by Nutrition and Child Protection activities focusing on IYCF

and provision of itinerant child friendly spaces to help children building self-help strategies to mitigate distress and strengthen resilience. In March 2020, the COVID-19 outbreak was declared in Peru and followed by months of quarantine, further exacerbating the vulnerability of Venezuelans, and requiring some significant programmatic changes to the MPCA.

This case study documents key programmatic and operational models put in place by Save the Children Peru to adapt its MPCA 'Plus' program to the needs of Venezuelans on the move, settling in Peru and affected by COVID-19. It also provides lessons learnt and recommendations that can be applied to the Venezuela response and other large-scale migration responses across the globe:



MPCA 'Plus' for people on the move

Outcomes

- Provision of MPCA to people on the move significantly contributed significantly to the improvements in their basic needs, namely food security, shelter, WaSH and protection, despite the limited timeframe (one-off transfer) and amount of the assistance.
- Instead of having to wait (most of the time in precarious and dangerous situations) to have generated sufficient income in 'transit cities' to pay for the rest of their travel, beneficiaries of MPCA were able to leave those transit cities quickly and travel, in a safer manner, towards their city of destination.

Lessons Learnt and Recommendations

- **Rolling registration of beneficiaries:** Maintaining the flexibility to identify, select and register new beneficiaries throughout the program (instead of waiting to have the full targeted beneficiaries before starting distributions) enabled SC to adapt to changes in migration patterns and beneficiary needs.
- **Itinerant targeting:** the set-up and use of mobile teams to identify and select beneficiaries was a major success of this program, as it enabled SC to reach most marginalized and vulnerable Venezuelan migrants who weren't necessarily well connected to local networks of support (e.g., targeting on highways/petrol stations).
- **Cash but not only:** another key success of the program was the ability of teams to develop an array of alliances with civil society that complemented cash transfers, most importantly, during the days where beneficiaries were waiting to receive cash assistance. It is therefore recommended in future programs to also consider including humanitarian coordination activities (which contributed to the strengthening of local migration coordination groups in each region) and not limiting the initial mapping exercise to information gathering, but rather alliance

building.

- **Addressing issues of formal ID:** When operating in contexts where formal documentation (ID) is required by FSPs (as in the case of Peru) or the Government to distribute cash, but where some proportion of the targeted population do not possess one (less than 10% on average in this project), it is essential to develop relationships with and sensitize, whenever possible and applicable, local authorities capable of delivering lost document reports, or any other temporary form of identification. Whenever possible, it is also recommended that cash assistance should be complemented with legal counselling (either directly provided by the organization or through referral).
- **Smaller and more frequent distributions:** distributing cash assistance within 48 hours requires the organization of a lot more distributions than traditional programs where distributions might occur monthly.
- **Remote Monitoring:** SC took advantage of the high ownership rates of and access to cell phones and employed phone-based post-distribution monitoring (PDM). Although SC faced challenges reaching all beneficiaries as some of those in transit had left Peru while others had changed phone numbers, overall conducting data collection remotely was successful and effective. SC saved time and resources as enumerators no longer had to travel to the field, surveying door-to-door. SC also set up an online "Contact Us" form that allowed existing beneficiaries to update their contact information and for potential new beneficiaries to request information on eligibility and enrolment. Beneficiaries also used this form to provide feedback, report complaints, and report loss of their cash card.
- **Using debit cards to support people on the move** enabled SC to provide cash assistance successfully to people on the move, as debit cards could be used across the country and be recharged remotely by SC, as needed.

MPCA 'Plus' to support migrants settling into a host country

Outcomes

- The MPCA 'Plus' was successful in reducing the overall socio-economic vulnerability of beneficiaries settling in Peru, and more particularly at improving their food security and access to safe shelter.
- The targeting methodology was appropriate and allowed the selection of highly vulnerable households despite the challenges of operating in mega-cities and large urban centres.
- The distribution methodology enabled SC to provide a comprehensive package of assistance and services to MPCA beneficiaries that contributed to improving their emotional well-being and feeding practices of young children.

Lessons Learnt and Recommendations

- **Household sizes and compositions:** consider families' sizes (per-capita) and composition when designing the MEB and calculating the transfer value, in order to appropriately cover the specific needs of family members and associated expenditures. Failing to do so could negatively impact some highly vulnerable households, such as households with children under 2, who have higher expenditures needs (e.g., purchase of baby hygiene products) than others.
- **Different monthly transfer amounts:** consider having a higher transfer amount during the first month of MPCA to ensure beneficiaries can immediately cover specific migration- and settlement-associated needs, such as debt repayment, health checks, and purchase of basic furniture, among others.
- **Localized MEB:** this project operated in five (5) urban areas using a harmonized amount across geographical locations. However, the results of the expenditure data and market price monitoring suggested that expenditures such as rent can vary from location to location. In future programs, when designing the MEB,

consider the potential geographical variations of expenditures, and consider developing localized MEBs if those vary significantly.

- **MEB Design and Gap analysis:** While sectoral-MEB calculations (such as cost of hygiene products, shelter) appeared to be overall relatively accurate in this project, the fact that some key expenditures, such as health, debt repayment or remittances had to be removed from the calculations at proposal stage resulted in the determination of MPCA assistance amount that was too low to significantly impact all sectoral needs. This is notably due to the fact that the average monthly income was deducted from an MEB that did not reflect all actual priority expenditures, but only the ones that were targeted by the project. To achieve higher sectoral outcomes, it is recommended in the future to consider an MEB that is reflective of actual expenditures needs (and not exclusively reflective of the needs that the program aims at covering) in the gap analysis.
- **Length of assistance:** It is recommended for future programs targeting migrating population to provide MPCA for at least 5-6 months. While the first months of assistance must be higher, to cover immediate needs related to settlement, the following months can be reduced to act more as a safety net. The value of that safety net transfer could be determined by analysing income generation trends amongst the target population (e.g., analysing changes in monthly income of Venezuelans who have previously settled in Peru over a period of 6-12 months) and factoring them into the gap analysis.
- **MPCA 'Plus' Nutrition:** The provision of MPCA 'Plus' had an immediate positive effect on increasing the frequency of food intake and dietary diversity of beneficiaries. The important level of expenditures dedicated to food (higher than the standard food basket), the perception of beneficiaries and the likely positive impact of the nutrition sensitization sessions at distribution stage are in fact reflected in the overall improvement of the Food Consumption Score.

MPCA 'Plus' adaptation to COVID-19

- **Contingency planning:** Ensure COVID-19 emergency transfers are built into contingency plans for on-going/future MPCA 'plus' program: the rapidity at which a lockdown can be announced (either at the national level or localized) and the sudden impact it can have on household economies requires agencies currently implementing MPCA programs (and donors funding them) to include potential future lockdowns in their contingency planning.
- **Former beneficiaries:** SC's experience has shown that even beneficiaries who had previously received assistance fell back into extreme vulnerability in a very short amount of time. It is therefore important to consider (and budget for) re-assessing former beneficiaries' needs and providing the most vulnerable with assistance in the event of a lockdown. This is particularly applicable in contexts where targeted population groups

(such as Venezuelans in Peru) cannot be linked to social-protection schemes, or receive assistance from the Government.

- **Virtual operations:** in contexts similar to Peru, with high connectivity, adapt activities such as targeting, registration, distribution and monitoring to be as virtual as possible, in order to reduce the risks of contamination and increase preparedness to potential future lockdowns. Social media are also powerful tools for reaching additional vulnerable populations that might not have been supported by physical implementation of activities. However, it is important to consider risks of exclusion (e.g., families who do not have phones) and continue expanding collaboration with referral partners (e.g., in this case shelters, churches, soup kitchens) who still have a direct contact with affected populations.



Introduction to the humanitarian context

Venezuela's rapidly deteriorating economic and political situation, which has brought hyperinflation, hyper-elevated levels of unemployment, and food shortages, has caused substantial increases in migration flows out of Venezuela since 2015, most notably into Colombia, Ecuador and Peru. The number of people arriving in Peru each day in 2018 increased progressively spiking in August

with 3,000-4,500 people entering through the border each day. Upon arrival in Peru, they lack the financial resources to buy food and meet other basic needs, and struggle for survival on a daily basis. Many, including children, are forced to resort to negative coping strategies in order to survive.

In their own words

Box N°1

The life of Esperanza in Venezuela

"I do not regret having left Venezuela. We decided to leave Venezuela when we no longer had food. We had no option because, really, it was either to die starving or to face the risks of travelling. We could die during the trip because of the cold weather or something else could happen. To be honest, my life in Venezuela was comfortable. I never worked away from home, my husband and I had a small convenience store. As the shortage of products happened, we had to close the business. We had to sell our house, but the money we got from that was not enough to get to Colombia. After we had everything we have nothing left."

Esperanza is a beneficiary of SC's MPCA program. This series of boxes transcribes, in their own words, the experience of Esperanza and other SC beneficiaries throughout their migration and the program.

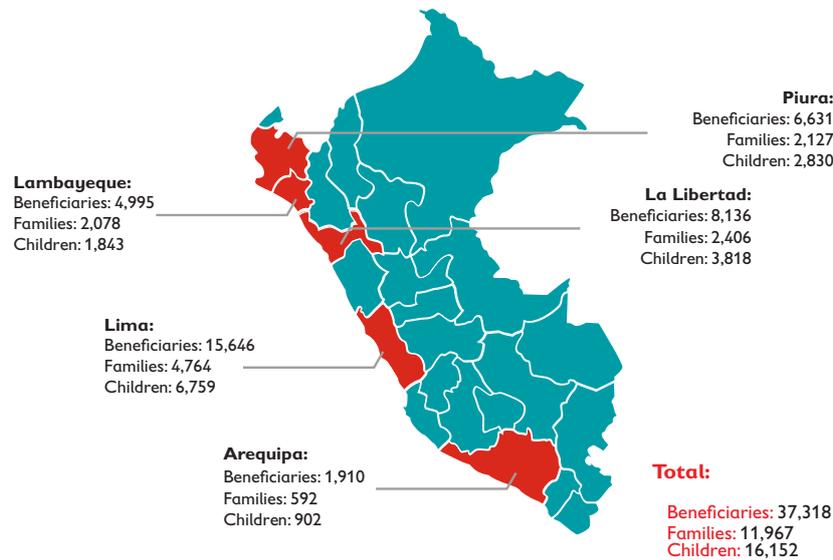
There are three main profiles of Venezuelan migrants in Peru: **the newly arrived** aiming to settle in Peru, Venezuelans who have **already settled in Peru**, and **Venezuelans in transit** to other countries such as Chile or Argentina. Newly arrived Venezuelans reach Peru after months of food deprivation and limited access to health services in Venezuela. Following weeks of travelling through Colombia and Ecuador, sometimes on foot ("Caminantes"), these migrants' access to basic needs and services has often been limited to the small amounts of available humanitarian assistance. Upon arrival at the border with Peru (Tumbes and Piura), the most destitute start seeking income to cover their basic needs in order to continue their

journey, while the ones with remaining savings board buses to continue their journey towards other cities of Peru or countries where they are planning to settle. This **'transit route'** goes through Tumbes and Piura on to Lambayeque, La Libertad, Ancash, Lima, Arequipa or Tacna, or on to Chile or Argentina. Some choose to settle in cities along the route, while others stop to generate sufficient funds to pay for the next leg of their journey. This period of transit depends on their capacity to generate sufficient income: as a result, some remain 'trapped' in the transit cities, where their socio-economic vulnerability forces them to live in precarious and sometimes dangerous conditions. Settling in cities such as Lima or Trujillo presents numerous challenges

and many Venezuelans fall into extreme poverty. In an economy that is about 60% informal,^[1] job opportunities (although perceived from Venezuela as numerous) often come with a very limited salary and extensive working hours, which is a particular challenge for single parent households.

In addition to the daily struggle associated with meeting basic needs, such as purchasing food and paying for rent, Venezuelans are also victims of xenophobia, discrimination and violence, ranging from verbal assault to sexual violence.

Graphic N°1 (Map of Perú)



Graphic N°2 (Migration flow)



[1] Bulmer, E.R. (2015, November) "A Peruvian Jobs Diagnostic." *The World Bank: Jobs and Development Blog* - <https://blogs.worldbank.org/jobs/voices/peruvian-jobs-diagnostic>

Data collected by Save the Children in 2019 indicated that:

- **Food Security and Nutrition:** The prevalence of food insecurity at the beginning of the intervention was disconcertingly high, with 42% of Venezuelans in Lima experiencing severe hunger. Most households had developed negative coping strategies to access food, due to lack of sufficient resources. These included going a whole day and night without eating (54%); eating a limited variety of food (86%); and eating smaller meals (75%). It should also be noted that Venezuelans have been suffering from lack of food for months in Venezuela (for 60% of them, food scarcity was the primary reason for leaving Venezuela). Food availability and access to markets was reportedly very good in all assessed areas, but Venezuelans lacked the necessary purchasing power to buy sufficient nutritious food. An alarming number of parents (61%) reported being unable to send their children to school because they needed them to work to generate income. Only 11% of respondents reported accessing some form of food assistance in the past month.^[2]
- **Livelihoods:** Almost a quarter of Venezuelans had not been able to generate any additional income in Peru, further increasing their socio-economic vulnerability. Even among households who were working, 22% of them still reported not generating sufficient income either to cover their basic needs, or to send remittances. The primary sources of income for Venezuelans were in the informal sector including street trade (54%), selling food or other small items, and working in small businesses (12%), which made them completely dependent on daily demand for the products they are selling, and did not guarantee a steady daily income. Informal labour further exposed Venezuelans to risks of exploitation and did not provide them access to basic social services. Venezuelans worked 57 hours per week on average, seven days a week and earning very little. Many reported being offered jobs paying as little as 1/3 of the minimum wage, or not receiving a salary from a former employer for weeks. The average income generated by Venezuelans working (772 soles/month^[3]) remains below the minimum wage in Peru (930 soles/month) – highlighting the economic vulnerability of the migrant population
- **Shelter:** The vast majority of Venezuelans reported living in rented spaces (85%), which can range from a small flat to overcrowded rooms depending on household's financial capacity, often without sufficient beds or minimum services, in order to reduce the costs of the rent. They also reported that landlords were sometimes requesting a deposit, which can be a major financial challenge, especially for newly arrived households who have depleted all their resources during their trip. The most destitute Venezuelans who are not able to generate sufficient income to pay for rent were either able to find a space in a shelter ('albergue') or sleep in public spaces. However, length of stay was limited to a few days, with some exceptions for most vulnerable cases (PLWs, elderly with chronic diseases) who were allowed to stay for longer. Overcrowding was also highlighted as a challenge, forcing two to four people to share mattresses on the floor.
- **WASH & NFIs:** In addition to basic shelter, families lacked sufficient resources to cover the costs of basic sleeping kits, cooking kits to prepare food or to purchase basic hygiene items. Most flats/rooms were rented without furniture, which forced Venezuelans to rely on street food (which is less nutritious) until they generated sufficient income to purchase basic cooking materials.
- **Protection:** Venezuelans have experienced a variety of stresses in recent years, seeing their entire lives uprooted, being separated from their families, losing relatives, giving up

[2] Peru CCD Multi-Sectorial Needs Assessment - Internal Save the Children Analysis, Lima, October 2018

[3] All statistics in this section from "Peru CCD Multi-Sectorial Needs Assessment -Internal Save the Children Analysis", Lima, October 2018

established careers, and relying on charity for survival because of the economic collapse. In addition, some Venezuelans have experienced various traumatic events prior to and during

the migratory process. Acts of violence and abuse towards Venezuelan migrants included sexual violence, sexual abuse, sexual exploitation, domestic violence and other forms of physical or psychological abuse.



In their own words

Box N°2

The life of Esperanza in Peru

“I sell candies in the street to support my children. I have had bad luck in getting jobs because they have always paid me less than they promised or nothing.

Life in the shelter

The money I get with candies is not enough, and for 8 months I have lived in a shelter with my children. When I arrived in Peru I had nowhere to stay, and we were sleeping in the bus station. The organization that was helping us travel from Venezuela, could not find a place available for us so they took us to the shelter until we gathered the money to pay for a room rental. Then I could rent a small room to stay with my children, but when I couldn't afford it anymore I had to go back to the shelter.

In the shelter we have a place to live, but life in the shelter is difficult because the space is shared with many families. We are not as comfortable as I would like and the food is not always the best. There is no privacy and children are much more at risk of getting diseases.”



CHAPTER 1

THE JOURNEY

ASSISTING FAMILIES
MIGRATING THROUGH PERU

1 - Program rationale

Most of Venezuelans travelling to/through Peru did not have the financial resources to pay for the entirety of their trip when leaving Venezuela. As such, it was very common for Venezuelans on the move to stop in various locations during their trips to generate sufficient income to pay for the following leg of their trip. Most of the time, they arrive in border cities walking, by bus or hitchhiking, without any knowledge of the city they have arrived in, aside from information shared by networks of Venezuelan migrants. When they

cannot find spaces in informal shelter, they have to sleep in public spaces for days, where they are exposed to protection risks and lack basic access to hygiene services and products or food.

It therefore appeared as crucial to SC to provide an integrated assistance package to families on the move, to prevent them from having to remain in such conditions for a prolonged period of time (until they have generated enough income to travel again).

In their own words

Box N°3

The Journey of Esperanza to Peru

“The trip undertaken by Venezuelan migrants to Peru lasts, on average, 7 days. My trip lasted 23 days. My family and I left Venezuela without enough money for tickets for the entire trip. Along the way, my two daughters got sick and we were robbed, so I almost lost the help provided by a humanitarian organization. My husband also came to Peru with us, but he abandoned us later.”

The Journey of Juan and Daryrlkys to Peru

“Our original destination was Chile, but first we travelled to Colombia, things did not go so well there. Daryrlkys was pregnant and staying in a room cost \$ 10 a night, so I had to migrate again. I went to Ecuador without her. Being there I saved so that I could buy her a ticket, so that we can all be together. She came from Colombia with my one-month-old daughter. But things in Ecuador were not going so well and we decided to migrate as a family to Peru, and then go to Chile. The trip was difficult due to the economic issue, we did not have money.”

2 - Tailoring cash transfers to migration

SC identified the top priority needs of Venezuelans on the move that could be met through cash transfer assistance, namely food, shelter, transportation, hygiene and communication, and designed its cash transfer around them.

- **Food:** equivalent to \$30 per household for a period of 3 days (1 day in the city of transit,

1 day travelling and 1 day upon arrival in the city of destination). Food costs have been calculated considering the costs of street food (as populations in transit rarely get access to cooking spaces or material). Costs were calculated on a per capita basis and transferred accordingly (e.g., depending on the number of households members).

- **Shelter:** equivalent to approximately \$27.50 per household. The amount has been calculated to cover the costs of staying in a hostel, which meets SPHERE minimum standards and pre-identified by Save the Children, for one night in the city of transit. Costs were calculated considering the different prices for single, double and triple room and transferred accordingly (e.g., depending on the number of households' members and subsequent lodging costs.), as follows:

- **Individual:** one single bedroom (costs on average 59 soles or \$17.88 per night)
- **Household of 2:** one double bedroom (costs on average 90 soles or \$27.27 per night and fits 3 people)
- **Household of 3:** one double room (costs on average 90 soles or \$27.27 per night and fits 3 people)
- **Household of 4:** one double room and one single bedroom (costs on average 150 soles or \$45.45 per night)
- **Household of 5:** two double bedrooms (costs on average 181 soles or \$54.85 per night, fits 6 people)
- **Household of 6:** two double bedrooms (costs on average 181 soles or \$54.85 per night and fits 6 people)

- **Transport:** equivalent to approximately \$109 per household or \$36.30 per person,

which corresponds to the average cost of standard transport from Piura and Chiclayo (North) to Lima (South). The amount has been calculated on a per capita basis and transferred accordingly. SC chose to cover the costs of transportation as far as Lima, as trends from the IOM indicated that over 74% of Venezuelans arriving in Peru were aiming to reach Lima or one of the cities between the border and Lima (such as Trujillo). This was found to be easier than adjusting the cash transfer amount on a case-by-case basis, which would have been operationally complex and hard to verify.

- **Hygiene kit:** equivalent to approximately \$7 per household, which corresponds to the cost of one toothbrush, one pack of toothpaste and one bar of soap per person (as per SPHERE standards) as well as a small pack of baby diapers or sanitary napkins. Except for baby diapers / sanitary pads (which have been included in the calculations assuming there is one infant or one women per household), all other costs were calculated per capita and transferred accordingly.
- **Communication:** equivalent to \$4.50 per household, which corresponds to the cost of SIM card and basic phone credit pack purchase, so beneficiaries could connect with family, relatives and/or support networks of Venezuelans (for example through WhatsApp) and were able to prepare the rest of their trip. The same amount was transferred to each beneficiary household, regardless of the size.

Table N°1

Transit package to Lima						
	Individual	HH2	HH3	HH4	HH5	HH6
Food	33.00	66.00	99.00	132.00	165.00	198.00
Shelter	59.08	90.67	90.67	149.75	181.33	181.33
Transport - Lima	120.00	240.00	360.00	480.00	600.00	720.00
Hygiene kit	10.80	17.10	23.40	29.70	3.00	42.30
Communication	15.00	15.00	15.00	15.00	15.00	15.00
Total one-off transfer	PEN 237.88	PEN 428.77	PEN 588.07	PEN 806.45	PEN 997.33	PEN 1 156.63
USD	\$72.09	\$129.93	\$178.20	\$244.38	\$302.22	\$350.49

This “transit” cash assistance was one-off as it only aimed at covering the costs of beneficiaries’ travel and preventing them from remaining stuck in dangerous and precarious situations in cities where they were not planning to settle. However,

all beneficiaries of this activity were informed of the possibility of applying for a “settlement” package (see chapter 2) upon arrival to their destination, and provided with the relevant contact details.

3 - Identifying beneficiaries on the move

Identifying people on the move is far from an easy task as, unlike other contexts, they are not static and move across large and multiple areas of the territory. In addition, SC’s targeted locations were not on the official border with Ecuador (where other organizations were already operating), which would have facilitated the identification of potential beneficiaries upon arrival in Peru. Migration routes also changed on a regular basis, depending, for instance, on changes in national migration policies. For instance, when the government announced the requirement for

Venezuelans to show a valid passport to enter the country (previously, they could enter with their Venezuelan ID, or *carta andina*), SC saw a change in migration routes, including border crossing through non-official entry points (such as the Amazonian forest). Similarly, not all Venezuelans travel by bus, and many rely on informal transportation or hitchhiking. As a result, identifying potential beneficiaries at bus stations was not enough, and other mechanisms had to be put in place to ensure as much coverage as possible to identify most vulnerable individuals.

3.1. - Itinerant teams and local networks



In order to gain more operational flexibility in the identification of its beneficiaries, and reduce the risks of not including most marginalized ones, SC set up mobile teams in each implementing region along the coast of Peru (Piura, Lambayeque, La Libertad, Lima, and Arequipa) to identify potential beneficiaries. The mobile teams first conducted a mapping exercise, interviewing Venezuelan community members (notably some that were parts of informal support networks), local authorities, churches and other members of civil society to identify key locations where Venezuelans would usually go (for instance to seek shelter or generate income). This mapping exercise enabled

the mobile teams to develop a **solid network**, which would inform them of migration trends, arrivals of new groups or creation of new transit routes and sometimes **refer** most urgent cases. The mobile teams would visit “hot spots” such as bus stops and main highways every morning, and approach families or individuals that could potentially be Venezuelans migrants (e.g., showing signs of high vulnerability, carrying luggage, begging in the streets), and interview them to determine their eligibility for cash assistance. Those locations were varied and included:

Box N°4: Examples of locations where people on the move were identified

- Bus stations, which were visited at the time where buses from locations on the border were arriving.
- Main streets/commercial streets and markets, where many Venezuelans would go to seek income or beg.
- Parks or beaches, where some Venezuelan would go to sleep in the evening
- Main highways and petrol stations coming from the border towns, where the teams found many Venezuelans walking on the side of the road after having been dropped off by trucks/private cars, or sleeping.
- Informal shelters and soup kitchens (*comedores*) where Venezuelans would seek refuge upon arrival.
- Police or administrative stations, where they would go to regularize their migratory status or report loss of documents.

3.2 - Mobile selection tool and automated scoring

SC approached people to identify if they were transiting or settling and then applied standardized digital selection tools to determine eligibility. The Selection Survey was designed with the following criteria in mind:

The **transit selection tool** was designed based on the following socio-economic criteria:

- **Vulnerability criteria:** households with PLW, single-headed households with children

and households with children under 5, households with a high number of dependents, women-headed households, women travelling alone, and households containing individuals with disabilities or chronic diseases.

- **Economic criteria:** households/individuals sleeping in public spaces or on the streets and households/individuals with limited or no sources of income or savings.



Individuals/households interviewed needed to meet two or more of the vulnerability or economic criteria in order to be selected for the program. In practice, this translated into a series of questions derived from the abovementioned criteria with pre-determined answers, which were assigned a specific score (see box 5). The Kobo form was designed to auto-calculate the scores of each interviewee and eligibility (calculated against a scoring threshold) which was reviewed in real-time (as soon as the interview was finalized) by the MEAL team (note: tablets were all connected

to 3G network, so data could be collected and uploaded online). The eligibility score was calculated following a statistical analysis, which ran all possible scenarios (i.e. all possible answers to the questions in the survey) against various scoring thresholds, until identifying a threshold with minimal inclusion and exclusion errors. For instance, a single-female-headed household with no income sleeping in shelters scored higher on the vulnerability scale than a single, able-bodied male sleeping in a hostel. Upon completion of the interview, the Cash Promoters informed the

interviewee that s/he would receive a phone call in the afternoon to inform them of the type of assistance that SC could provide. Although eligibility data was available immediately, the SC MEAL team added a verification step to ensure assistance was not duplicated, and only the MEAL team and Program Manager could

see the eligibility status to ensure confidentiality and mitigate any risk of data manipulation by the data collection team (Cash Promoters). By separating the selection and notification into two steps also eliminated the unnecessary stress and emotional pressure for enumerators to turn away individuals/families, who may still be vulnerable.

Box N°5: Vulnerability Scoring Threshold Determination

- 273 variables (potential beneficiaries profiles based on all possible answers to the questions)
- 3% of inclusion risks, namely households with high “socio-demographic vulnerability” (elderly, travelling with children, with disabilities, PLWs, women headed households) but low economic vulnerability (not sleeping in streets, can afford to continue travelling, has sources of income)
- 5% of exclusion risks, mostly households composed of 2 adults or individuals travelling alone (low socio-demographic vulnerability as per program focus). It should also be noted that “exclusion risks” here only consider individuals that are assessed, and not the entire Venezuelan population.

4 - Setting up rapid distribution mechanisms

Setting up a system that enables fast delivery of cash to beneficiaries is crucial in emergencies, but even more so when attending people who are constantly on the move and heavily dependent on humanitarian assistance. During program start up, SC had initially planned to have weekly distributions that would serve all beneficiaries identified during the week. However, field teams realized that many beneficiaries identified for transit could not afford to wait several days to receive assistance. Most were forced to sleep in the streets, and many chose to risk continuing their journey (e.g., PLWs with children boarding trucks in the middle of the night) rather than waiting for assistance. The team therefore decided

to adapt the distribution system to make it more responsive to beneficiary needs.

One option discussed was the possibility of mobile teams carrying debit cards for beneficiaries and distributing them during the identification process using real-time vulnerability scoring. While this approach could be applicable to other contexts, it was determined that the security risks for field teams were too high and presented excessive risk of fraud.

As a result, SC designed a 48-hour turnaround operational model consisting of the following steps:

Graphic N°3

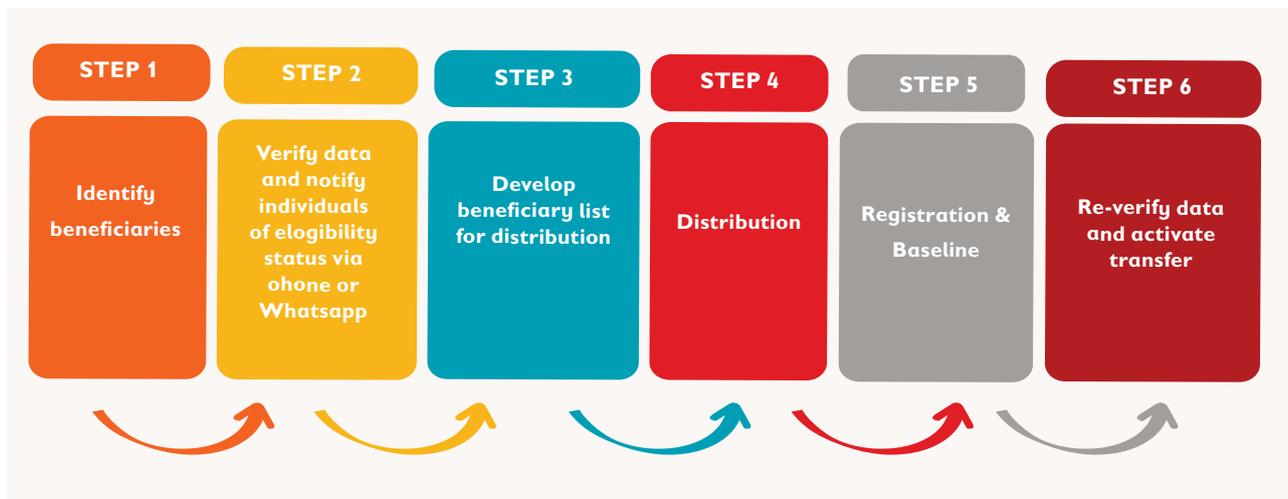


Table N°2

Step	What	How long	Comment
Step 1	Identification of beneficiaries	In the morning/ 10 min per survey	This step consisted in the application of the selection survey described above.
Step 2	Development of lists of beneficiaries	Automated/ 3 hours for MEAL review	Upon completion of the selection survey, the data was automatically uploaded on Kobo database. At the same time as data was being collected in the morning in the field, the MEAL team was reviewing each new 'entry', conducting spot checks (testing the logic of answers to ensure surveys were not fraudulently filled), ensuring no data was missing, and finalizing the list of beneficiaries.
Step 3	Development of distribution lists	End of Morning/ (Ran in parallel to step 2, length depended of size of caseload – 5 to 8h)	While the list of beneficiaries were being finalized by MEAL, the logistics officer contacted eligible beneficiaries to inform them of the location, date and hour of the distribution. Once eligible beneficiaries confirmed their attendance, distribution lists were finalised and printed.
Step 4	Distributions	Afternoon (2h) Afternoon	Distributions were organised in the afternoon in rented or public spaces provided by local authorities. Child Friendly Spaces were set up where parents could leave their children during distributions and listened to sensitization sessions. Beneficiaries were registered and received a debit card and PIN code.
Step 5	Reverification of registration data / identification of potential duplicates		MEAL checked ID documentation information for all newly registered beneficiaries to ensure there were no duplicates within SC and across other cash implementing actors. Once all data as verified, MEAL gave finance the green light for activating the transfers. If duplication was detected, beneficiaries were notified and transfers were cancelled.
Step 6	Crediting of the debit cards	End of day/following day	Finance credited the beneficiaries' cards after ID was verified by MEAL, making funds available immediately.

5 - Complementary services

In addition to cash transfers, SC developed a variety of parallel services to prevent, as much as possible, beneficiaries from exposing themselves to protection risks or not meeting their basic needs prior to receiving assistance. Each field team developed a vast network of allies / partners

and solidified coordination amongst civil society actors to strengthen the assistance provided to the migrant population and solidified coordination amongst civil society actors to strengthen the assistance provided to the migrant population.

5.1 - Formal and informal shelters

SC teams mapped out existing formal and informal shelters and set up bi-lateral referral mechanisms. When SC identified new Venezuelans in transit in need of shelter, regardless of their eligibility for SC assistance, they called shelters to identify available spaces and provide referrals to the migrants. Reciprocally, when shelters identified

vulnerable individuals meeting SC's eligibility criteria, they informed SC's mobile teams that could visit the shelter and conduct selection surveys. This coordination enabled families in transit to utilize temporary shelter while waiting to receive cash assistance.

Box N°6: the importance of local coordination

An additional component of this project was to strengthen humanitarian coordination. As such, during the start up of the project, each field team worked on mapping out different stakeholders involved in the provision of assistance to migrants in each location, ranging from small, voluntary initiatives to governmental-led initiatives. SC then worked on strengthening coordination and collaboration of all these actors through regional migration working group, by facilitating coordination but also building capacity of local actors. This enabled the development of a solid network of local actors that allowed the provision of complementary services and associated referral systems since identification stage.

5.2 - 'Comedores' / Soup Kitchens

Similar coordination was set up with local soup kitchens/hot meals initiatives, often provided by religious institutions. During the identification of beneficiaries in the mornings, SC's mobile field teams provided the address and service hours of comedores, and sent the names of family members to the comedores focal points so beneficiaries could access meals while waiting for potential cash assistance. As for the albergues, the comedores were a service provided outside of SC's programming, thanks to strong local coordination and collaboration.



5.3 - Administrative support

The only requirement of the financial service provider selected by SC to distribute debit cards to Venezuelans was that SC provided an ID for each beneficiary member and family (which is required by law in Peru). In many instances, SC identified individuals or households that had lost or had their ID stolen. In order to overcome this challenge, SC oriented each family or individual towards the nearest police station, so s/he could report the loss of their ID and get an official

police declaration (which was sufficient for the FSP to process the payment). SC's mobile teams explained the process to each family, informed them of the rapidity of the process (20 minutes on average) and reassured them (some had had traumatic experiences of deportation in the past), reminding them of their rights and of the legal framework protecting them in Peru. During the implementation of this program, no complaints or issues were reported related to the process.



5.4 - Orientation and Information sharing

Venezuelans were often identified within the first hours/days that followed their arrival in Peru, and most of the time had little to no knowledge of the city they had just arrived in. Provision of basic orientation and information was, therefore, crucial to ensure beneficiaries could access basic services in the host country and not fall victim to scam or fraud. However, the rapidity at which Venezuelans were moving, and the fact that they were relatively scattered across cities made it challenging for SC to organise sensitization sessions that could benefit all identified Venezuelans. As a result, SC developed small leaflets adapted to each region and regularly updated, which were distributed to each potential beneficiary identified by the mobile team. Leaflets contained:

- Maps of the city, highlighting the location of hospitals, police stations, shelters and other relevant services.
- Information on the administrative steps that needed to be undertaken to formalize their migratory status, obtain a new formal ID or other legal requirements.
- Nutrition and Protection sensitization messages, including information on the type of food eaten in Peru and their equivalent names in Venezuela.
- Information and sensitization on protection risks, notably around human trafficking, where and how to access protection services.

6 - Outcomes of the cash for transit assistance

In order to assess the impact of the program, SC conducted a rolling baseline, post-distribution monitoring (PDM), and a final evaluation to

measure key sectoral indicators. Additional information was also collected at the registration stage as well as through key informant interviews.

Baseline Methodology

To reduce the data collection burden, logistical considerations, and time requirement for beneficiaries, SC combined the baseline survey with registration and distribution. During the distribution day, SC registered eligible beneficiaries in shifts, further reducing waiting times. A sample of the beneficiaries were interviewed during each round of distribution using a predetermined sample size (12%) and sampling interval (every 10th household), which allowed the team to survey beneficiaries in all five implementation regions at the same time. Because SC employed a simple random sampling (SRS) methodology, beneficiaries in both 'transit' and 'settlement' groups had equal chances of being interviewed. From June to December 2019, the team conducted a baseline survey with a total of 1,234 households, of whom 19% or 235 were transit HHs, and interviewed 638¹ of the same households at endline² (12% or 78 transit HHs), following a panel design. SC employed the same SRS methodology for PDM, but surveyed a new sample of households each month in order to capture new beneficiaries as they were registered for assistance throughout the life of the project.

6.1. Beneficiary profiles

Cash transfer assistance to people on the move (or 'transit assistance') supported 2,565 households in Piura, Lambayeque, La Libertad, and Lima with the following demographic profile:

1. Head of Household: 61% of the households were female-headed.
2. Travelling Alone: 36% of all HHs travelled alone, 13% of which were female. Of those travelling with other family members, 21% travelled in pairs, 22% travelled with 3 people, 13% with 4 people, 5% with 5 people, and 2% with 6 or more.

¹ SC was only able to contact to 638 households out of the 1,234 surveyed at baseline due to many beneficiaries relocating (namely those in 'transit' group), while others changed phone numbers upon settling in Peru.

² The endline was conducted remotely via phone not only due to COVID-19, but also due to the transient nature of the target population.



3. PLW: 28% of the households had at least one (1) PLW.
4. Children: Nearly 38% of HHs had at least one child under five years old.
5. Dependents: 21% had at least one (1) household member with a chronic disease and/or disability.
6. Average HH size: The average household size was 2.4 members per household.
7. Prior to receiving assistance, majority of beneficiary HHs (93%) reported sleeping in a public space such as streets or shelters in the week prior, 89% of these were travelling with children.

PDM data showed that the majority of the beneficiaries (**98%**) were satisfied with the selection process. Those who were dissatisfied suggested SC conduct house-to-house visits to confirm socioeconomic vulnerability for every eligible household, if they felt some people should not have been selected.

6.2. Use of Cash

During several key informant interviews, beneficiaries reported using cash transfers to reach their destination sooner than anticipated. SC staff, during evaluation interviews, also reported that beneficiaries in transit had expressed to them how much the cash transfers helped improve their travelling conditions, particularly women who were pregnant and/or were travelling with young people, older adults, and persons with disabilities. These groups were much more vulnerable as the conditions were usually rough; Venezuelan migrants often journeyed on foot or hitched rides on trucks, which made the travel quite uncomfortable. Post-distribution monitoring demonstrated that beneficiary households prioritized the use of MPCA to purchase/pay for:

- Top 1: Food
- Top 2: Shelter
- Top 3: Transportation
- Top 4: Health
- Top 5: Hygiene

Similarly, when asked how the transit MPCA assistance had benefited their households, 85% of households reported that the MPCA had a positive impact on food and rent/shelter; 12% said transportation; 10% said medicine/health, and 9% said pregnancy/newborn-related expenses.



It should however be noted that this data was collected in the middle of the COVID-19 pandemic, when movement across cities was suspended, and is therefore not illustrative of the actual proportion of MPCA dedicated to transportation at normal times.

6.3. Positive Effects on Household Basic Needs

- **Food Security** was measured at baseline and during PDM, mainly through the reduced coping strategy index³ (rCSI) and Food Consumption Score⁴ (FCS). Results of the baseline highlight the success of the targeting strategy in identifying most food insecure households. In addition, considering the scope (punctual one-off support) and the size of the

MPCA (which was primarily calculated to cover costs of shelter and transportation, with only a small portion to cover food needs for a few days); results indicate that this approach still had positive effects on the food security of transit beneficiaries:

³ The reduced Coping Strategies Index (rCSI) measures the frequency and severity of behaviours that people undertake when they cannot access enough food

⁴ Food consumption score (FCS) is an indicator that measures dietary diversity and food frequency. It is intended to capture both diet quantity and quality. FCS has thresholds for 'poor', 'borderline' and 'acceptable' food consumption.

Table N°3

	BEFORE	AFTER
Reduced Coping Strategies Index	<p>At baseline, the average rCSI score was 34.8 points (out of 56), with approximately 88% of HHs exhibiting characteristics consistent with IPC Phase 3/4/5 (crisis/emergency/famine)⁵. 11% with IPC Phase 2 (stressed⁶, and only 1% with IPC Phase 1 (minimal)⁷. When looking at the individual coping strategies, at baseline, the majority of HHs reported employing the two most severe behaviors in the absence of food or resbehaviours procure food – borrowing food (86%) and restricting consumption by adults for children (78%), while over 90% of HHs reported using less severe strategies, such as relying on less preferred foods and limiting portion sizes of meals.</p>	<p>Across the eight (8) PDM surveys, spanning August 2019 to March 2020, prior to COVID-19 outbreak, the average rCSI score was successfully reduced to 20.7 points, with a reduction from 88% to 55% of HHs exhibiting characteristics consistent with IPC Phase 3 or worse and an increase in proportion of households falling into the ‘Stressed’ (35%) and ‘Minimal’ (10%) categories.</p>
Food Consumption Score	<p>At baseline, the average FCS for transit beneficiary HHs was 44.0 points, with two-thirds (61%) of HHs having an ‘acceptable’ food consumption, 24% having ‘borderline’ food consumption, and 12% with ‘poor’ FCS</p>	<p>Across the eight (8) PDM surveys, the average FCS increased to 60.2 points, where 89% of HHs had an ‘acceptable’ FCS, 7% had a ‘borderline’ FCS, and only 3% had a ‘poor’ FCS. This indicates an improvement in beneficiaries’ intake of dietary diverse food, such as meat and fish products (increase of 15 percentage points), vegetables (22 percentage points) and dairy products (26 percentage points). This is likely due to the fact that the program operated mostly in an urban context, where the large network of super markets makes diverse food more available and accessible, and in a country where consumption habits are high in grains, tubers and legumes, meat/ fish/eggs, and dairy. This however is not indicative of the quantity and quality of the products consumed, as rCSI findings suggest.</p>

⁵ IPC 3 - Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. IPC 4 - Households either have large food consumption gaps, which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.

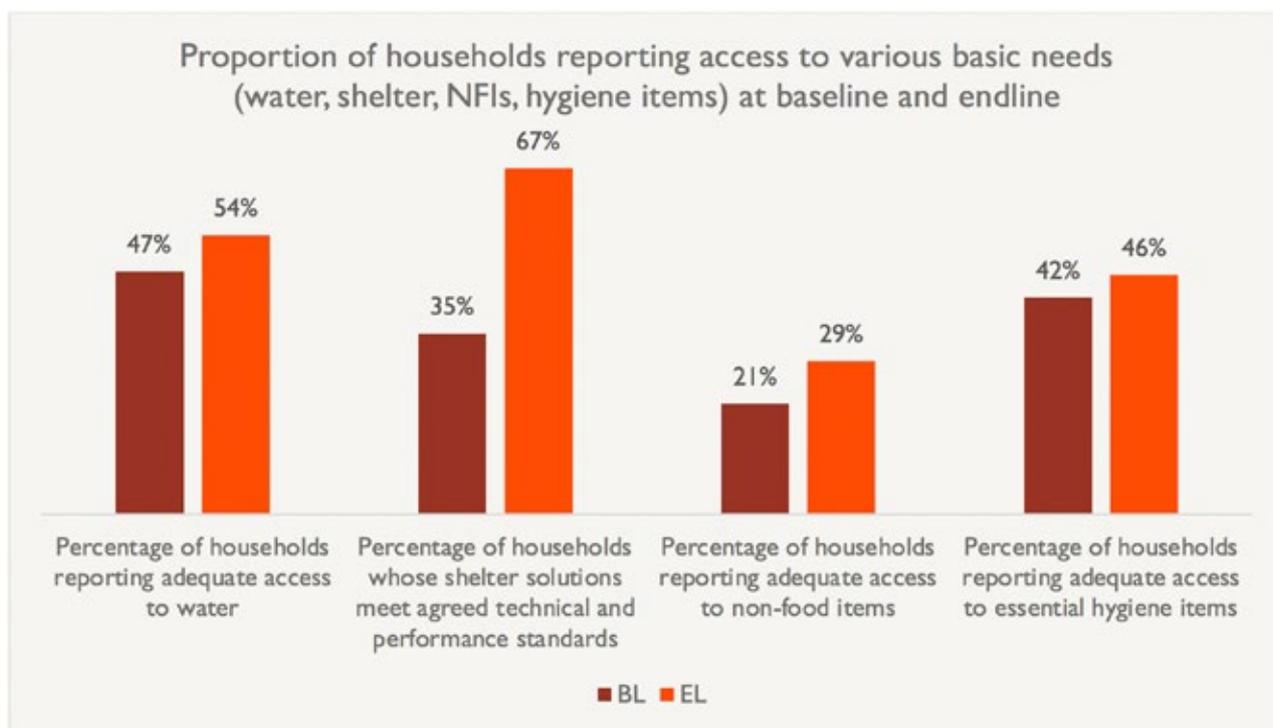
IPC 5 - Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution, and extremely critical acute malnutrition levels are evident.

⁶ IPC 2 - Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.

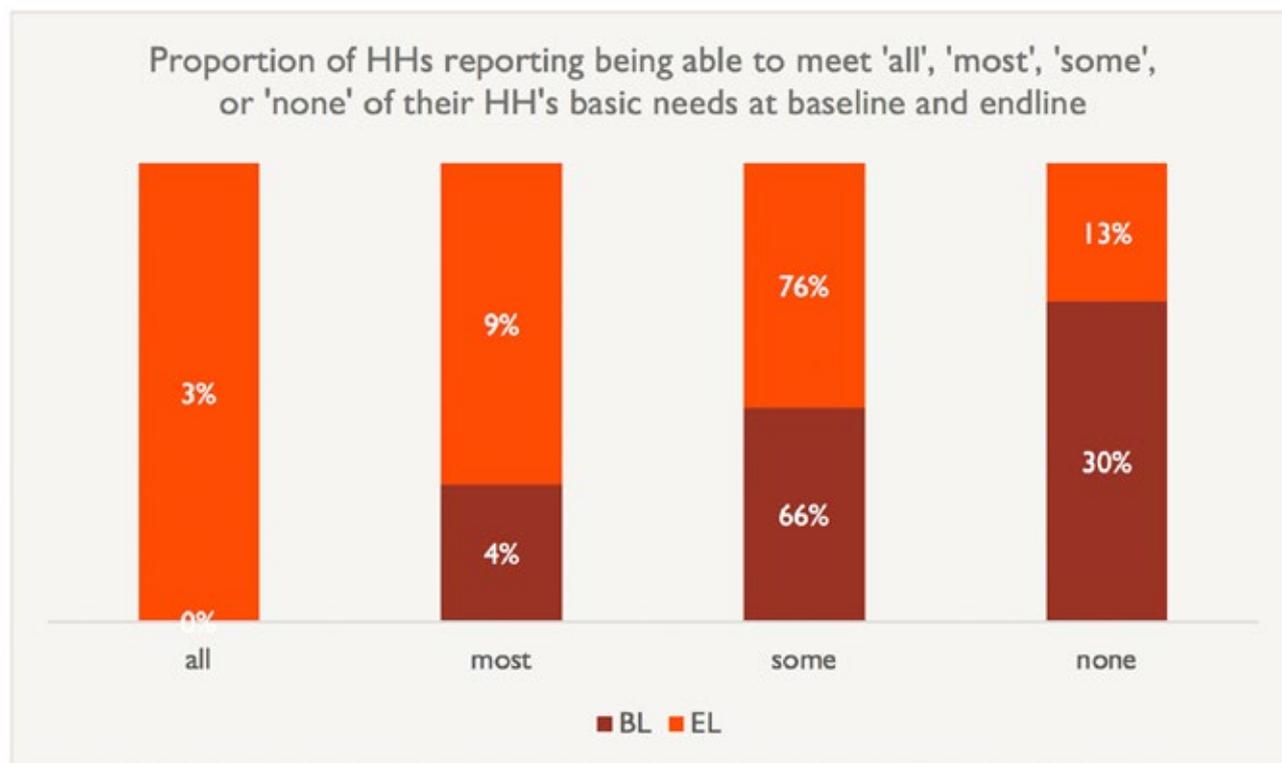
⁷ IPC 1 - Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.

- Shelter:** As aforementioned, at baseline, **93%** of HHs reported sleeping in a public space such as streets and shelters due to lack of resources, while only a third (35%) of those who were not sleeping in public spaces had access to accommodation that offered safety, privacy, and protection from the elements. Post-intervention, the proportion of HHs with access to adequate housing increased by **32 percentage points (67%)**.
- Water and Hygiene:** Similar improvements were observed in HH access to safe water and essential hygiene items. At baseline, **less than half of HHs (47%)** reported having access to safe water for drinking, cooking, and cleaning and **even less (42%)** could purchase essential hygiene items such as toiletries and feminine sanitary products. At end line (post-cash assistance), a substantial improvement in access was observed – 15% and 10% increase, respectively.

Graphic N°4



Graphic N°5



- **Overall Basic Needs:** With regards to the overall basic needs of the HH, at baseline, **none could meet 'all' of their HHs needs**, only 4% could meet 'most', about two-thirds (66%) could meet 'some', and one one-third (30%) reported being able to meet 'none' of the HH needs. At end line, improvement is observed across all four categories; 3%, 9%, 76%, and 13%, respectively.
- **Protection:** Nearly all HHs (97%) whose children participated in various SC activities such as child friendly spaces (CFS) and psychosocial support activities reported an improvement in their child/children's socio-emotional wellbeing. HHs also reported an improvement in their overall treatment from host community since their arrival in Peru (73%).

7 - Recommendations and lessons learnt



Overall, the analysis of programmatic impact indicates that MPCA to people on the move significantly contributed to improving of their food security, shelter, WaSH and protection, despite the limited timeframe (one-off transfer) and value of the assistance. The analysis of expenditures also shows that this assistance method achieved its objective of supporting beneficiaries transiting from their arrival location in Peru to their final destination by reducing their reliance on negative coping. The below section highlights the recommendations and lessons learnt for future similar programs.

- 1. Rolling registration of beneficiaries:** Maintaining the flexibility to identify, select and register new beneficiaries throughout the program (instead of waiting to have the full targeted beneficiaries before starting distributions) enabled SC to adapt to changes in migration patterns and beneficiary

needs. However, this requires strong and flexible operational and financial planning, particularly when implementing in various regions across the country. It is nearly impossible to predict in advance fluctuations or reductions in migration and this can result in field teams requiring to mobilize last minute more important, or less important, levels of treasury than originally planned. .

- 2. Automated Kobo forms:** building the scoring calculations and threshold into the Kobo selection survey saved precious time for the team, who otherwise would have had to run the calculations manually for each interviewee (instead of receiving automatically a list of eligible individuals and only having to conduct spot checks to ensure consistency in the calculation logic).

3. Itinerant targeting: the setting up and use of mobile teams to identify and select beneficiaries was a major success of this program, as it enabled SC to reach most marginalized Venezuelan migrants who weren't necessarily well connected to local networks of support (e.g., targeting on highways/petrol stations).

- a. The selection rate (98%) of identified beneficiaries also shows that this approach was highly efficient at identifying most vulnerable households meeting the program selection criteria. Having the same team members throughout the program (vs hiring occasional enumerators) also significantly increased staff understanding of beneficiaries needs and notably enabled SC to tailor the design of the travel books, as well as migration trends.
- b. Most of the team members also had psychologist or social worker profiles, which significantly increased the quality of selection surveys application, and made the entire selection interview process less stressful for interviewees. All team members were trained in Psychological First Aid and were therefore able to identify people in distress, listen to them and link them to relevant services available whenever applicable.
- c. Finally, no security concerns took place throughout the implementation of the program, and no fraud cases were reported by program participants on behalf of the mobile teams. However, it is essential to constantly sensitize interviewees (regardless of whether they are eligible) about potential risks of extortion or coercion. For instance, a couple of incidents were observed of individuals pretending to be NGO staff and were charging Venezuelans a "registration fee" for humanitarian assistance.

4. Cash but not only: another key success of the program was the ability of teams to develop an array of alliances with civil

society that complemented cash transfers, most importantly during the days where beneficiaries were waiting to receive cash assistance. Although hard to measure, this contributed to the improvement of overall program indicators (e.g., improved food security) and enabled hundreds of destitute people to have a place to sleep in and food to eat.

- a. It is therefore recommended that future programs also consider including humanitarian coordination activities (which contributed to the strengthening of local migration coordination groups in each region) and not limiting the initial mapping exercise to information gathering, but rather alliance building. While it obviously took various months to become fully operational, SC started benefiting from this approach as soon as the program started up (notably with local shelters, which were identified in the proposal stage).
- b. When operating in contexts where formal documentation (ID) is required by FSPs (as in the case of Peru) or the Government to distribute cash, but where some proportion of targeted population do not possess one (less than 10% on average in this project), it is essential to develop relationships and sensitize, whenever possible and applicable, local authorities capable of delivering lost certificates, or any other temporary form of identification. Whenever possible, in similar contexts of migration, it is recommended that cash assistance should be complemented with legal counselling activities (either directly provided by the organization or through referral).

5. Smaller and more frequent distributions: distributing cash assistance within 48h requires organizing a lot more distributions than traditional programs where distributions might take place monthly.

- a. One of the challenges of this approach is that distribution days and sizes are harder to predict, which can turn problematic

when renting distribution spaces on a daily basis or depending on the willingness of local/private institutions to lend their spaces for free. It could also be less cost-efficient than one large distribution per month. For programs where targets for this specific type of assistance exceed 100 households per week, and where the security context allows it, we recommend renting distribution spaces on a full-time basis, to offer more flexibility to the program. It should however be noted that in some cities, SC still preferred to rent spaces on a daily basis and to rotate locations of distributions, in order to avoid an influx of individuals, potential security risks and the risks associated with increasing xenophobia.

b. In this project, the mobile teams targeting individuals in the morning were also involved in the distributions in the afternoon, therefore working from 7am to 8pm. It was therefore not possible to apply this model on a daily basis with this team structure. For future programs aiming at having daily identification and distribution, we recommend having two teams working in turns. As a reference, each field team in the project (5 field teams overall) was composed of:

- i. 1 Cash coordinator
- ii. 3 Cash promoters
- iii. 1 M&E Officer
- iv. 1 Finance officer
- v. 1 Nutrition/Protection officer
- vi. 174 Nutrition/Protection volunteers

6. Remote Monitoring: phone-based routine monitoring has proven to be an effective and cost-efficient approach to reach households on the move. SC conducted a face-to-face baseline by combining the survey with registration during the distribution days. Because the baseline was conducted on a rolling basis to align with the continuous identification and enrolment, the baseline

took about six months to complete. Given that a third of the target population was in transit to another location and those planning to settle or already settled in Peru, were very dispersed, SC realized it would be a challenge to locate them physically. SC took advantage of the high ownership rates of and access to cell phones and employed phone-based post-distribution monitoring (PDM). Although SC faced challenges reaching all beneficiaries as some of those in transit had left Peru while others had changed phone numbers, overall conducting data collection remotely was successful and effective. SC saved time and resources as enumerators no longer had to travel to the field, surveying door-to-door. Beneficiaries could also request a call-back at a more convenient time. If phones were out of service or phone number had changed, enumerators could easily move forward with another participant from the registry. Remote monitoring was especially effective during the most restrictive months of quarantine between March and July; in addition to saving time and financial resources, remote monitoring ensured safety of staff and beneficiaries. Lastly, building on the successes of remote monitoring, SC also set up an online “Contact Us” form that allowed existing beneficiaries to update their contact information and potential new beneficiaries to request information on eligibility and enrolment. Beneficiaries also used this form to provide feedback, report complaints, and report loss of their cash card.

7. Using debit cards to support people on the move enabled SC to successfully provide cash assistance to people on the move. Some pros and cons:

Table N°4

Pros	Cons
<ul style="list-style-type: none"> • Could be used to either withdraw cash or pay directly in shops, through multiple banks/cashiers across the country. Withdrawal of cash was however the preferred option for most beneficiaries. • Easily transportable, very discreet, secure (100% reported not facing any security challenges, either before or after receiving the cash assistance) • Only requires one physical distribution • Can be recharged at any time (e.g.: for beneficiaries applying for the settlement grant, or for COVID-19 transfer top ups) • Low cost: The cards used have a cost of 0.00 soles per new card and only 5.90 soles to issue a new card for having lost it. • Ability for SC to push the transfers onto cards directly through the FSPs' platform. 	<ul style="list-style-type: none"> • Beneficiaries require some form of ID or a police declaration. In some exceptional cases where identified individuals refused to go to the police and didn't have IDs, SC wasn't able to provide them with a debit card. Most of the time, however, at least one member of the family had some form of ID. • Time between card distribution and the bank crediting the money on the cards (24-48h), which prevented beneficiaries from using the cash assistance on the same day as they were identified. • The design of the payment platform used by SC to credit debit cards was not very user-friendly. • It was not possible for SC to track where the cards were being used. • Loss of cards or PIN codes

While this delivery mechanism was the most appropriate at the time of program start up, SC continued to explore alternative mechanisms to better tailor assistance to people on the move. Options explored include:

- The possibility to provide alternative vouchers (e.g. super market gift cards) to household members who did not have any form of ID and refused to go to the police to obtain a declaration.
- The possibility of using service providers that operate in a similar way as post offices or

remittance companies (giros), such as Western Union. Through this delivery mechanism, SC would be sending beneficiaries' information directly to the FSP after selection, and the beneficiary would be able to withdraw cash on the same day. This would also save time and costs associated with distributions (no longer required). This delivery mechanism started being used while this case study was written, so it is not yet possible to specify lessons learnt.



CHAPTER 2

THE NEW BEGINNING

ASSISTING FAMILIES
SETTLING IN PERU

1 - Program rationale

For Venezuelans who had reached locations where they were planning to settle, primarily Lima, but also including other cities such as Arequipa, Trujillo or Piura, Save the Children endeavoured to provide a comprehensive package of financial (MPCA) and non-financial assistance ('Plus' activities) to enable households to settle as fast as possible and in a safe and dignified manner. In order to do so, SC provided beneficiaries with three months of unconditional cash assistance, complemented by the provision of nutrition and child protection services.

The program aimed at tailoring the MPCA to the needs of families settling in Peru while considering the composition and size of the household, with the always difficult objective of balancing the multiplicity and scale of needs with limited resources.



2 - Adapting the cash transfer amount to families' needs and compositions

2.1. Occasional vs monthly expenditure

As highlighted in chapter one, on arrival in Peru, the vast majority of households have no savings and very few belonging. While they usually are able to start generating some income rapidly, the level of income isn't sufficient to cover all expenses required to start a new life in a city. As such, and given the lack of harmonized MEB in country, SC used data from needs assessments to prioritize the type of expenditures that were essential for households to settle in a sustainable and dignified manner in a city like Lima, and then conducted a market analysis to estimated associated costs.

Results of the analysis indicated that the priority needs to cover were food, shelter, NFIs, WASH,

transportation and communication. While most of the costs associated with meeting these needs were recurrent, SC realized that some were occasional, and required the transfer of a higher amount of cash at a certain point in time, for example to purchase cooking kits, sleeping kits and certain hygiene products. Because rental of unfurnished flats was much cheaper than furnished ones, SC assumed that beneficiaries would prioritize unfurnished flats. However, although cheaper in the long run, this required larger upfront expenditures in order to furnish lodging with the appropriate supplies for cooking and sleeping. SC decided to transfer a one-off transfer value during the first month to cover these costs, while subsequent months would cover recurrent costs at a lower value.

Table N°5: Sleeping Kit calculation

Item description	PRESENTATION	Unit cost	Cost Vulnerable Individual	Quantity/comment	Cost HH2	Quantity/comment	Cost HH3	Quantity/comment	Cost HH3
Foam mattress less than 100%, twin, 17cm. Minimum thickness	Twin	PEN 110,00	PEN 73,33	1 mattress single (SPHERE)	PEN 110,00	1 mattress, twin	PEN 183,33	1 mattress twin + 1 mattress single	PEN 220,00
Set of sheets (one cotton sheet with elastic for twin bed, one cotton sheet without elastic for twin bed, two pillowcases)	Twin	PEN 26,00	PEN 17,33	1 set of sheets for single bed (SPHERE)	PEN 26,00	1 set of sheets twin bed	PEN 43,33	1 set of sheets twin bed +1 set of sheets single bed	PEN 52,00
Wool blankets for single bed and twin bed	Twin	PEN 21,00	PEN 14,00	1 blanket for single bed (SPHERE)	PEN 21,00	1 blanket for twin bed	PEN 35,00	1 blanket for single bed and 1 blanket for twin bed	PEN 42,00
Sub total			PEN 104,67		PEN 157,00		PEN 261,67		PEN 314,00

Table N°6: Cooking Kit calculation

Item description	PRESENTATION	Unit cost	Cost Vulnerable Individual	Quantity/comment	Cost HH 2	Quantity/comment	Cost HH 3	Quantity/comment	Cost HH 4
Soup plate stainless steel VINODH/T 22cm	Unit (1)	PEN 3,50	PEN 3,50	1 soup plate	PEN 7,00	2 soup plates	PEN 10,50	3 soup plates	PEN 14,00
Shallow plate stainless steel VINODH/T 22cm	Unit (1)	PEN 3,00	PEN 3,00	1 shallow plate	PEN 6,00	2 shallow plates	PEN 9,00	3 shallow plates	PEN 12,00
Metal cutlery (spoons, forks, knives) Facusa brand	Unit (1 spoon, 1 fork and 1 knife)	PEN 1,55	PEN 1,55	1 spoon, 1 fork and 1 knife	PEN 3,10	2 spoons, 2 forks and 2 knives	PEN 4,65	3 spoons, 3 forks and 3 knives	PEN 6,20
Ladle N°10 stainless steel	Unit (1)	PEN 8,00	PEN 8,00	1 ladle	PEN 8,00	1 ladle	PEN 8,00	1 ladle	PEN 8,00
Set of pots (3) and pan	Set (3)	PEN 30,00	PEN 10,00	1 pot or pan	PEN 30,00	1 set	PEN 30,00	1 set	PEN 30,00
1-burner electric stove	Unit (1)	PEN 30,00	PEN 15,00	Contribution for joint purchase with another person	PEN 30,00	1 stove	PEN 30,00	1 stove	PEN 30,00
Sub total		PEN 76,05	PEN 41,05		PEN 84,10		PEN 92,15		PEN 100,20

Table N°7: Minimum Expenditure Basket

Items	Mes 1						Mes 2					
	Individual	HH2	3pp	4pp	5pp	6pp	Individual	1 adult 1 child	3pp	4pp	5pp	6pp
Food	107,88	215,76	323,64	431,52	539,40	647,28	107,88	215,76	323,64	431,52	539,40	647,28
Kitchen kit	41,05	84,10	92,15	100,20	108,25	116,30						
Sleeping kit	104,67	157,00	261,67	314,00	418,67	471,00						
Housing + utilities	250	500	500	622,5	622,5	622,5	250,00	500,00	500,00	622,5	622,5	622,5
Local transport	64,00	64,00	64,00	64,00	64,00	64,00	64,00	64,00	64,00	64,00	64,00	64,00
Hygiene kit	16,20	33,50	48,00		77,90		16,20		48,00	67,00	77,90	96,90
			67,00		96,90		33,50					
Baby kit (top up)	-	161,80	161,80	161,80	161,80	161,80		161,80	161,80	161,80	161,80	161,80
Communication	30	30	30	30	30	30	30	30	30	30	30	30,00
Total 100% MEB	PEN 613,80	PEN 1 246,16	PEN 1 481,26	PEN 1 791,02	PEN 2 022,52	PEN 2 209,78	PEN 468,08	PEN 1 005,06	PEN 1 127,44	PEN 1 376,82	PEN 1 495,60	PEN 1 622,78
Income	250	730	730	828	882	950	250	730	730	828	882	950
Total cash transfer	PEN 363,80	PEN 516,16	PEN 751,26	PEN 963,02	PEN 1 140,52	PEN 1 259,78	PEN 218,08	PEN 275,06	PEN 397,44	PEN 548,82	PEN 613,60	PEN 672,78
USD	\$ 110,24	\$ 156,41	\$ 227,65	\$ 291,82	\$ 345,61	\$ 381,75	\$ 66,08	\$ 83,35	\$ 120,44	\$ 166,31	\$ 185,94	\$ 203,87
Total 2 months	\$ 176,33	\$ 239,76	\$ 348,09	\$ 458,13	\$ 531,55	\$ 593,87						

2.2 Length of assistance

Each household received three months of cash assistance divided as follow:

- Month 1: MPCA covering all food and non-food expenditures (minus income – see section below)
- Month 2: MPCA covering all food and non-food expenditures, except the costs associated with sleeping and cooking kits (minus income)
- Month 3: MPCA covering only costs associated with food.

The length of assistance has been determined considering the average amount of time required (at the time) to obtain the Peruvian Stay Permit (PTP), which enables Venezuelans to access formal employment and associated benefits. Venezuelans

also reported that it took them on average three months to secure stable income generation.

2.3. Per capita calculations and baby top ups

While SC designed the MPCA taking an average household of 3, composed of two adults and one child under two, the MPCA was eventually distributed based on households' composition (number of people and presence of infants). For the purpose of this program, SC only considered nuclear families (parents/caregivers and children) and requested formal documentation (such as birth certificates) to reduce risks of child exploitation (see box below). Eligible non-nuclear members of the households (e.g., families travelling with siblings or grandparents) were registered as separate households.

Box N°7 – Reducing risks for children at selection stage

One of the risks identified in the application of the per-capita approach was the potential exploitation of children by adults, with the objective of increasing the overall amount of the MPCA their household would receive (e.g., borrowing children from other households). In order to prevent and reduce this risk, SC asked for the original documentation of the child at the registration stage: if the caregivers were not able to provide those, the child was not counted as a household member in the per capita calculations. SC checked for coincidence of last names between children and parents. Whenever those did not match, SC started an investigation prior to determining the amount of MPCA that would be transferred to the household. For instance, SC had cases of grandparents or legal guardians (aunts, uncles) travelling with children; in those cases, SC requested the parents abroad to send through WhatsApp from Venezuela a signed declaration declaring the name of the person that is now legal guardian of the child.

As a result, most households received different transfer amounts, which was carefully communicated at distribution to avoid confusion. The maximum number of nuclear household members was established at 6 individuals. As indicated in table 8, individual households (households composed of only one individual) received a higher cash transfer amount than

households composed of two adults. This was based on the assumption that, as per selection scoring and threshold design (see section below on targeting) most individual households were highly vulnerable individuals (such as disabled/chronically ill/elderly individuals) that were not able to generate much income.



Table N°8

HH Composition	1 person	1 adult & 1 infant	2 adults	2 adults & 1 infant	1 adult & 2 infants	3 adults
Transfer Month 1 (Soles)	363,8	516,16	354,36	751,26	913,06	589,46
Transfer Month 2 (Soles)	218,08	275	113	397,44	559,24	235,64

2.4. Factoring income in the transfer calculation

In order to calculate most accurately the gap in targeted households' expenditures, SC factored income into the MPCA calculation. SC considered the average monthly income generated by Venezuelans settling in Lima and other targeted cities, as reported during the needs assessment

and desegregated by household sizes (example: household of 3 = 730 soles per month; household of 5 = 882 soles per month). The value of the average income was deducted from the overall MEB value, which enabled the final cash transfer value to be determined.

100% MEB – INCOME = Cash Transfer amount

Table N°9

	Individual	HH2	3pp	4pp	5pp	6pp
Total 100% MEB	PEN 613,80	PEN 1246,16	PEN 1481,26	PEN 1791,02	PEN 2022,52	PEN 2209,78
Income	250	730	730	828	882	950
Total cash transfer	PEN 363,80	PEN 516,16	PEN 751,26	PEN 963,02	PEN 1140,52	PEN 1259,78
USD	\$ 110,24	\$ 156,41	\$ 227,65	\$ 291,82	\$ 345,61	\$381,75

2.5. Minimum Expenditure Basket composition

Food Basket calculations⁸: The amount of the Food basket (\$98 per household per month for an average household of 3, or \$32,6 per person per month) has been calculated to cover the costs of food purchase for a family of three. It included:

rice, white maize flour, oats, beans, lentils, sugar, vegetable oil, and canned tuna. The food basket has been calculated to cover 100% of kilocalories needs per month. These costs were covered during the three months of assistance.

⁸ The food basket was harmonized with WFP Peru

Table N°10

Food	Unit	Quantity HH3	Total Amount (S/.)
Rice	Kg	18,6	139,5
White maize flour	Kg	4,7	25,6
Oats	Kg	4,7	20,9
Beans	Kg	4,7	27,9
Lentils	Kg	9,3	41,9
Sugar	Kg	3,7	13,0
Vegetable Oil	Liter	3,7	24,2
Canned fish	Kg	5,6	30,7
Total			

Non-Food Items Basket Calculations: The content of the non-food item basket has been designed to capture minimum non-food associated costs of a household of 3, including shelter, NFIs, hygiene, transportation and communication. Donor restrictions prevented the inclusion of health expenditures in the basket in spite of significant health needs. The actual transfer values per household were calculated on a per capita basis (up to a maximum of six) as was done for food.

- **Rent:** the costs of renting a small flat/room and associated facilities and utilities for a family of three for a period of two months. These costs were a combination of the results of Save the Children's rapid assessment conducted in target locations in January 2019; SPHERE standards; SC's previous experience implementing DRR and shelter associated programs in target locations; HEA baseline; UNHCR's draft MEB; community feedbacks; as well as results of the CCD's assessment indicating average expenditures for rent. In addition, SC has conducted an analysis of average costs of monthly water and electricity for different household sizes in different locations, which has been factored into the MEB calculations. In cities like Piura, Chiclayo, Trujillo, Lima and Arequipa, potable water is distributed through professional service providers with quality standards. While financial access to water remained a key challenge for migrant population, availability

and quality were not identified as challenges.

As highlighted in the MEB, rent costs have been adapted to household size, considering the cost of rent for a family of 2 to 3 (average of 500 soles, for a one-bedroom flat, including kitchen and bathroom) and for a family of 4 to 6 (average of 622 soles for a two-bedroom flat, including kitchen and bathroom). For individual beneficiaries (households of 1), the value of rent has been divided by two with the assumption that the beneficiary would be sharing a flat with at least one other person (as per field observation).

- **Sleeping kit:** equivalent to 261.67 Soles for a household of three. This has been calculated to cover the costs of:
 - 2 mattresses (one single size fitting one person; one and half size fitting two persons)
 - 2 blankets (one single size fitting one person; one and half size fitting two persons)
 - 2 sheets (one single size fitting one person; one and half size fitting two persons)
 - As detailed in the MEB (Table N°5), the quantity and subsequent costs of the Sleeping kits items changed depending on households' sizes, in order to match with SPHERE standards. As indicated

above, these costs were covered during the first month of assistance only (one-off purchase).

- **Cooking kit:** equivalent to 92.15 Soles for a household of three. This has been calculated to cover the costs of:
 - 3 soup plates (one per person)
 - 3 normal plates (one per person)
 - 3 forks, 3 knives and 3 spoons (one per person)
 - 1 serving spoon (one per household)
 - 2 pans and one cooking pot (one set per household, except for households composed of only 1 person, who would be expected to split the cost of the purchase with another person)
 - 1 electric cooking stove (1 per household, except for households composed of only 1 person, who would be expected to split the cost of the purchase with another person)
 - As detailed in the annex MEB, the quantity and subsequent costs of the Cooking kits items varied depending on households' sizes, in order to match with SPHERE standards. These costs were to be covered during the first month of assistance only (one-off purchase).
- **Transport:** equivalent to 64 soles for a household of 3. This has been calculated using HEA baseline analysis in Lima (in districts with a high prevalence of Venezuelans such as Carabayllo), which identified that lack of the means to pay for transportation constituted a key barrier to access to employment opportunities for very poor households. Therefore, this aimed at covering the costs of local transport to seek income-generating opportunities, health services, and other assistance. These costs were covered during the first two months.
- **Hygiene kits:** equivalent to 48 soles for a household of 3. This has been calculated to cover the costs of:
 - 3 toothbrushes (one per person, as per SPHERE standard)
 - 3 toothpaste packs of 75ml each (one per person, as per SPHERE standard)
 - 6 bars of soaps of 125g each (two per person, as per SPHERE standard of 250g minimum per person per month)
 - 3 packs of laundry powder of 250g each (per person, as per SPHERE standard of 200g minimum per person per month)
 - 3 packs of toilet paper of 4 rolls each (one per person)
 - 1 pack of 15 sanitary napkins (one per women, as per SPHERE standards. The assumption was one adult woman/teenage girl in a household of 3, two adult women/teenage girl in a household of four and 3 adult women in a household of 6).
 - As detailed in the MEB, the quantity and subsequent costs of the Hygiene kits items change depending on households' sizes, in order to match with SPHERE standards. These costs were covered during the first two months.
- **Baby kits (top ups):** equivalent to 161.80 soles per infant, per month. This has been calculated to cover the costs of:
 - 150 baby diapers (equivalent to 5 diapers per day)
 - 250g of baby cream (as per SPHERE standards).
 - Baby kits were added on top of the standard MEB transfer depending on the presence and number of infants in the household. These costs were covered during the first two months.
- **Communication:** equivalent to 30 soles per household of 3 per month. This covers the cost of phone credit to support identification of income generating activities, seeking information, or contacting family members and relatives. These costs were covered during the first two months.

Table N°11

Item description	PRESENTATION	Unit cost	Cost Vulnerable Individual	Quantity/ comment	Cost HH 2	Quantity/ comment	Cost HH 3	Quantity/ comment	Cost HH 4
Toothbrush, adult	Standard	PEN 1,50	PEN 1,50	1 tooth-brush (SPHERE)	PEN 3,00	2 tooth-brushes	PEN 4,50	3 tooth-brushes	PEN 6,00
Dental paste 75 ce	75ml	PEN 2,00	PEN 2,00	1 pack (SPHERE)	PEN 4,00	2 packs	PEN 7,20	3 packs	PEN 8,00
Toilet soap	125 g.	PEN 2,80	PEN 2,80	"2 packs (250g - SPHERE)"	PEN 11,20	4 packs	PEN 16,80	6 packs	PEN 22,40
Laundry soap	250gr	PEN 1,80	PEN 1,80	1 pack (min 200g - SPHERE)	PEN 3,60	2 packs	PEN 5,40	3 packs	PEN 7,20
Toilet paper	pack x 4 rolls	PEN 3,60	PEN 3,60	"1pack x 4 rolls"	PEN 7,20	2 packs	PEN 10,80	3 packs	PEN 14,40
Regular sanitary pads	pack x 10 units	PEN 3,00	PEN 4,50	"15 pads (SPHERE)"	PEN 4,50	15 pads	PEN 4,50	15 pads	PEN 9,00
Total			PEN 16,20		PEN 33,50		PEN 48,00		PEN 67,00

Table N°12

Top up baby				
Diapers	50 units	PEN 36,00	PEN 108,00	150 diapers (5 diaper x day)
Diaper rash cream	125g	PEN 26,90	PEN 53,80	250g per month (SPHERE)
Total top up baby			PEN 161,80	

2.6. Considering Remittances in the MEB design

Results from needs assessments indicated that remittances constituted an important 'expenditure' in household economies. In fact, for many Venezuelans, generating income to send remittances to their families in Venezuela was one of the primary motivations for migrating to Peru. Those reportedly constituted around 20% of their monthly income. As such, SC initially considered integrating remittances as part of the MEB design, in order to accurately reflect household economics and better measure the gap between income and expenditures. However, this had to be removed following donor request.



3 - Identifying and selecting individuals in megacities: networks and new technologies

In addition to the mobile targeting approach outlined in chapter one (which also enabled SC to identify beneficiaries of the settlement MPCA), SC had to develop additional identification mechanisms to reach most vulnerable households attempting to settle in Peru. In fact, identifying marginalized people in megacities such as Lima presents numerous obstacles, notably:

- The target population is widespread across the city. Although some geographical areas appeared to attract higher proportions of Venezuelans than others, they were still impossible to cover fully via direct surveys.
- In order to make savings on rent, many Venezuelans chose to settle in areas with poorer security conditions, increasing security risks for staff.

- Logistically speaking, moving around megacities like Lima can be very time consuming, due to the distances and high traffic density and is not a very cost-efficient approach.

As a result, in Lima, SC circumscribed the direct identification of beneficiaries to a few, easily accessible and safe locations with high concentration of Venezuelans (such as bus stations, soup kitchens, at traffic intersections and main markets). Two parallel identification systems were set up to overcome these challenges.



3.1. Referral systems through shelters

As for beneficiaries in transit, SC developed a strong network with formal and informal shelters throughout Lima (as well as other cities). These shelters would inform SC of new arrivals (an average rotation of 100 individuals per week) so SC's teams could visit the shelter and/or schedule interviews with potential beneficiaries to apply the selection survey. A similar approach was also taken with community soup kitchen, churches and other NGOs.

3.2. Self-identification approach

During implementation, SC noticed that significant numbers of Venezuelans would show up at distribution points that had not been previously identified through the referral systems. This highlighted the potential risk of exclusion errors in targeting activities and led to an innovative adaptation that enabled Venezuelans and local communities to expand the number of families surveyed by SC to determine eligibility. SC developed an online self-identification platform, linked to SC's website, which allowed potential beneficiaries to fill in a short survey with basic information on household composition and means of contact. SC teams would then filter applications according to location and schedule interviews, either in person or by phone, depending on operational feasibility. If they were found to be eligible for assistance, they were invited to an upcoming distribution where SC would verify the information and collect documentation. This approach not only provided operational efficiency in a megacity like Lima, but reduced exclusion errors among the target population while reducing security risks to beneficiaries and staff from potential overcrowding during distributions.

3.3. Online self-identification platform

The screenshot shows the 'FORMULARIO RESPUESTA HUMANITARIA' (Humanitarian Response Form) on the Save the Children website. The form is in Spanish and includes the following fields and sections:

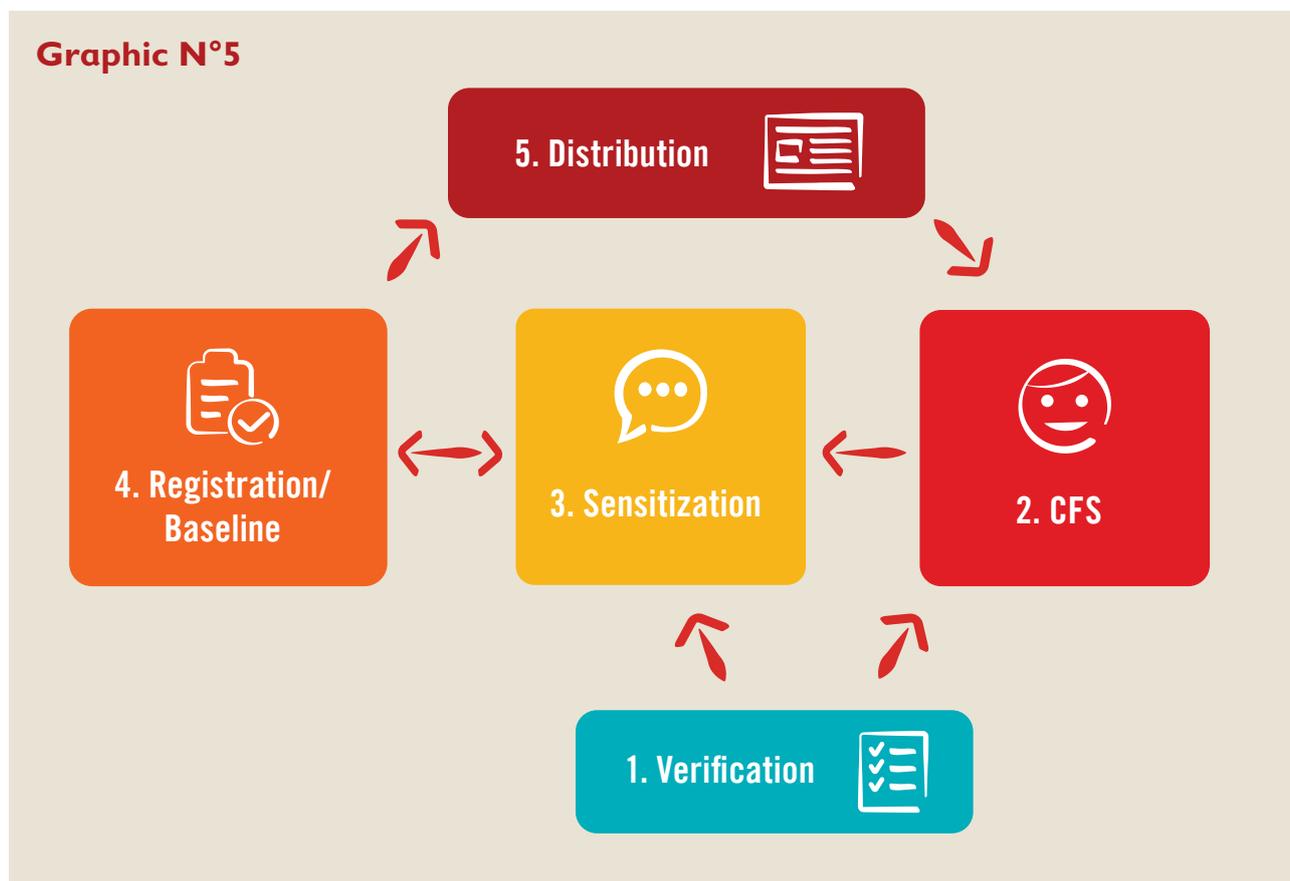
- ATENCIÓN:** El formulario estará activo para recibir nuevas solicitudes de ayuda hasta el viernes 21 de enero a las 5 pm. Por favor, antes de registrarse, debe leer toda la información en esta página.
- IMPORTANTE:** Solo se recibirán solicitudes de crisis de familias que se encuentren en PISA y LAMBAYEQUE. Durante el siguiente semana recibirán un mensaje del WhatsApp 581 706 000 que le indicará si puede ser contactado o no para recibir la ayuda humanitaria. Regístrate pacientemente.
- Nombre *** (Apellido) and **Apellido *** (Apellido): Input fields for name and surname.
- Número de cédula *** (Cédula) and **Número de teléfono de contacto *** (Teléfono): Input fields for ID number and contact phone number.
- Número de teléfono opcional** (Opcional) and **Código electrónico** (Opcional): Optional input fields for phone number and electronic code.
- Región del Perú donde se encuentra *** (Lima): A dropdown menu for selecting the region.
- Código *** (Ejemplo: 1 en Chloca): Input field for a code.
- ¿Cuántos miembros de su familia, cohabitación o seres, viajan juntos? *** (1): A dropdown menu for the number of family members.
- ¿Se encuentra gestando o dando de lactar? *** (Si): A dropdown menu for pregnancy status.
- ¿Planea instalarse en la región más de un mes? *** (Si): A dropdown menu for installation plans.
- ¿Cuál es su situación en la región a la que aplicó en este formulario? *** (Fui y volví a vivir a la zona o me voy a vivir en otra ciudad): A dropdown menu for current situation.
- Consentimiento:** Acepto que Save the Children registre mis datos y los utilice para contactarme en contacto emergente en el marco del Programa de Ayuda Humanitaria. *
- Enviar:** A button to submit the form.

At the bottom of the page, there is a red banner with the text: "EQUIPOS DE LA MINRA COORDINADA CON LA BENTA DIO CITA Y LOS COMERCIALES, Y HANOS LOGRADO ELABORAR UN PLAN DE EVACUACIÓN DEL MERCADO QUE VA A SER DE GRAN UTILIDAD EN LA RESPUESTA ANTE ALGUN TIPO DE DESASTRE. Especialista en Reducción de Riesgos de Desastres en capacitación a comerciantes en Villa El Salvador".

4 - Organizing integrated distributions

Distributions lasted on average 2 to 3 hours and were the occasion not only for distributing

debit cards to beneficiaries, but also for providing complementary services.



4.1. Step 1 – Verification

Beneficiaries were informed via phone of the location and time of the distribution. Upon arrival, each beneficiary was asked to provide the required documentation for each family member, to verify the identity of beneficiaries. During the first six months of implementation, SC manually cross-checked unique identification documentation such as Cedula or Passport numbers to mitigate duplication of assistance before eventually piloting biometrics, namely fingerprints, to expedite the process. This centralized beneficiary database was developed amongst humanitarian agencies using cash in Peru, namely World Vision and CARE, and only recorded de-identified fingerprints of adults, without names. If the beneficiary were already

registered with another organization, the software would immediately recognize the fingerprint, and a case would be opened to confirm the status of the potential beneficiary with the respective organization. This enabled us to reduce the risk of duplication significantly.

At the end of the verification process, beneficiaries were provided with information packs (see details in chapter 1) and were informed about SC's signature Child Friendly Spaces (CFS) on-site, where parents/guardians could register children while the adults completed the remaining aspects of the distribution process.



4.2. Step 2 – Child Friendly Space

During each distribution day, a CFS was set up with the dual objective of 1) providing psychosocial support to children and 2) offering the opportunity to parents to participate fully in the sensitization and psychosocial support activities themselves. SC reached 4,524 children through CFS activities, which included playing games, drawing, singing, and dancing. Children also received psychosocial support and information about various topics, including child protection and children's rights, the risks they may face living in a new country, and where to access protection services. SC reinforced practical and context-appropriate messages

to children, including not sharing personal data with strangers; not accepting gifts from strangers without authorization from their parents; going to public restrooms accompanied by their parents; and memorizing their parents' names, address and phone numbers in case of emergency. In addition, to promoting social integration, children received a flipchart with games and activities to recall their Venezuelan culture, learn new elements of Peruvian culture and to recognize and embrace the similarities and differences between the two cultures.



4.3. Step 3 – Sensitization

All beneficiaries were brought together into a room in order to participate in sensitization sessions. Before entering the room, SC staff provided each beneficiary with a number that would be called as soon as their turn had come for registration and distribution, in order to speed up the process and avoid creating too much confusion and distraction during the sensitization sessions. The former only started when all beneficiaries had arrived and covered a variety of topics, including:

- Program objectives, complementary services and how to access them
- How to use the MPCA in the best interest of the child
- How to use the card and what to do in case of card/PIN loss
- Orientation on Peru's legal framework, the rights of Venezuelans, labour laws
- Protection sensitization, particularly focusing

on migration risks such as human trafficking, extortion and Gender-Based Violence.

- Child Protection sensitization, which focused on protecting and avoiding risks of vulnerability in children and teenagers in situations of emergency
- Nutrition sensitization, with particular focus on IYCF
- Specific interventions from local authorities promoting local initiatives to support Venezuelans, ranging from protection to economic inclusion.

It should be noted that SC decided to conduct sensitization sessions before the actual distribution of the cards in order to increase attendance and avoid having beneficiaries leaving right after receiving their card. Sensitization sessions either took the form of live sessions, interactive activities or videos.



4.4. Step 4 – Registration/Baseline

Throughout the sensitization sessions, SC staff would call each household to proceed to registration and baseline. Basic demographic information such as household composition, age, name, sex of each household member, and

presence of members with chronic diseases or disabilities were collected, while pre-intervention data for key outcome indicators were collected as part of the baseline. This information enabled SC to better understand the profile of its beneficiaries

prior to receiving the cash, and to measure the outcome of the project on key programmatic indicators (such as food security, shelter, WASH, and protection). All data were collected through Kobo Toolbox (either on phones or tablets)

and automatically uploaded to the beneficiary database. This step was critical to determining the per capita transfer of MPCA for each household and to explaining the benefits to beneficiaries.



4.5. Step 5 – Distribution

After registration, beneficiaries were guided towards the distribution desk. All card distributions were done by the finance focal point, who reviewed beneficiaries' IDs, provided the card and associated PIN code and asked them to sign

an acknowledgement of receipt of the card. The finance focal point credited the cards at the end of the distribution and the balance was available in the cards within 24 to 48 hours.



5 - Complementing MPCA with Nutrition and Protection



5.1. Nutrition complementary activities

The nutrition activities aimed to increase knowledge of mothers and caregivers of children <2 years of age about the importance of recommended breastfeeding and complementary feeding practices among vulnerable Venezuelan and Peruvian populations, to improve IYCF practices.

IYCF informative sessions: 13,710⁹ participated in IYCF informative sessions conducted during distribution days. These educational sessions aimed to increase beneficiaries' knowledge of the importance of recommended breastfeeding and complementary feeding practices for children under two years of age to promote healthy growth and development of their young children. These sessions were reinforced with videos to

illustrate the application of these practices. Additionally, they allowed SC to identify and refer pregnant women and mothers with children under 6 months of age to SC-led breastfeeding support groups. During these sessions, written education materials on IYCF and healthy hygiene practices were distributed.

IYCF formative sessions: 5,723 pregnant women, breastfeeding mothers and caretakers identified during distribution days received IYCF promotion and support messaging through IYCF formative sessions. These 90-minute workshop sessions utilized participatory and demonstrative approaches to increase participants' knowledge in breastfeeding and complementary feeding for children under two years of age.

⁹ (10,668 women and 3,042 men)

One-on-one IYCF counselling: 707 pregnant women and mothers received individualized counselling on breastfeeding and IYCF. These counselling sessions focused on promoting early and exclusive breastfeeding and continued breastfeeding to 2 years of age; addressing breastfeeding challenges, including breast engorgement and latch and positioning difficulties; and recommended complementary feeding practices, including the timely introduction of semi-solid foods, recommended foods for children 6-23 months of age, promoting dietary diversity, and healthy hygiene practices.

Breastfeeding support groups: 303 women participated in breastfeeding support groups, which provided targeted support for PLW to help them address breastfeeding challenges and were tailored to the needs of each region. Some of the groups in Lima were organized with the support of La Leche League – an NGO that focuses on strengthening advocacy, education, and training to improve breastfeeding practices. Each group had in average 8 to 10 participants.

5.2. Child Protection Complementary Activities

Protection activities aimed at promoting the safety and well-being of Venezuelan children and women affected by the Venezuelan migratory crisis in Peru, through child protection activities to prevent violence against boys and girls, and to increase socio-emotional wellbeing of children and adults while providing resilience skills to cope with migratory stress. In addition to the informative sessions provided during distribution days and the

CFS described in the above section, psychosocial support sessions were provided to 3,496 adults and 1,752 children. These voluntary sessions were also held during distribution days by psychology consultants previously trained by SC.

Sessions for children were aimed at increasing their resilience and managing the stress of hard-living conditions in Peru. Children also learned strategies for self-care and protection when facing occasional episodes of violence. These sessions also included activities to promote social inclusion of children in Peru. SC staff also conducted informal conversations with children to identify potential cases of abuse.

Sessions for adults were aimed at helping them strengthen their family relations, cultivate resilience, achieve social inclusion in Peru and prevent the risk of violence and despair. Participants were encouraged to share their worries as immigrants in Peru and their feelings regarding their vulnerability. Facilitators then provided the participants with suggestions to improve their sense of wellbeing and shared information on available social protection services in Peru that could be accessed in case of an emergency.

Finally, case management services were not provided directly by Save the Children under this program. However, 68 cases of children and teenagers at risk were referred to the protection network of the Peruvian state, with whom SC had worked on developing solid coordination mechanisms.



“We created an additional space to reinforce child protection and human trafficking issues through DEMUNA, the Women’s Emergency Centre, the Police, etc. In other words, we always tried to invite some of these institutions so the beneficiaries would know that they exist and learn how to submit their complaints in cases that required that type of intervention.”



(SC Staff 7, woman, Arequipa)

6 - Outcomes of the program

Overall, the analysis of this program's impact revealed it to be particularly challenging, given that the final months of the program (March – June) were affected by the COVID-19 health crisis, and the declaration of a state of emergency from March 6th. Movement restrictions, closure of commercial premises and health control protocols for staff over an extended period of time drastically reduced migrant's opportunities to generate income. As a result, all data collected at endline stage were influenced by those external factors. Given that some key sectoral indicators, such as WaSH and Shelter were only collected at baseline and endline (unlike food security data, which were also collected through PDMs) it was unfortunately impossible to properly measure the actual impact the program had prior to COVID-19.

6.1. Beneficiary profiles

Cash transfer assistance to people settling in Peru supported **9,496 households** in Piura, Lambayeque, La Libertad, Lima, and Arequipa with the following demographic profile:

8. Head of Household: 89% of the households were female-headed.
9. Living Alone: 7% of were living alone, of whom 5% were female. Of those living with other family members, 17% were living in pairs, 33% living with 3 people, 27% with 4 people, 12% with 5 people, and 5% with 6 or more.
10. PLW: 37% of the households had at least one (1) household member who was pregnant or lactating.
11. Children: Nearly two-thirds of the HHs (65%) had at least one (1) child under five years of age.
12. Dependents: 24% had at least one (1) household member living with chronic disease and/or disabilities.
13. Average HH size: The average household size was 3.3 members per household.
14. Prior to receiving assistance, the majority of beneficiary families (86%) reported renting a room in an apartment, of whom 88% had one (1) child, 89% had two (2) children, and 86% had three (3) children.
15. About one-third of HHs also reported withdrawing their children from school (29%) due to lack of resources or their child having to participate in income-generating activities or begging in order to support the HH financially (34%).

According to the PDM, nearly **two-thirds (68%)** of beneficiaries reported satisfaction with the selection process, while the other third abstained from responding. Some of the feedback from beneficiaries on improving the selection process included having Save the Children expanding its geographic scope to reach more people and to extend assistance beyond two to three months, especially for women who may be pregnant or lactating.

6.2 Use of Cash

Overall, beneficiaries perceived that the MPCA positively impacted their food security and shelter conditions (47%), ability to meet household basic

needs (21%), health (10%) and pregnancy related needs (9%).



*“We were living in the street and we now have a place to sleep”
“Things have improved as I now have a room and a kitchen. Before I was sleeping with many other Venezuelans and did not have anything to eat.”*



The use of the MPCA was assessed quantitatively, through monthly PDMs, and qualitatively, through FGDs. Overall, results suggest that the MEB calculations were appropriate and in line with

beneficiaries’ primary expenditures. However, beneficiaries chose to prioritize specific needs, some of which (health) were not covered by the MEB calculations, as per donor requirement.

Table N°13

Top 5 expenditures covered by the MPCA (reported by beneficiaries)		
Month 1	Month 2	Overall
1) Food	1) Food	1) Food
2) Rent & Utilities	2) Rent and Utilities	2) Rent & Utilities
3) Hygiene & Baby kits	3) NFIs	3) NFIs
4) NFIs	4) Health	4) Hygiene & Baby kits
5) Health	5) Hygiene & Baby kits	4) Health

Analysis of expenditure prioritization indicates that, as expected in the design stage, the cash was primarily used to purchase food, pay rent and purchase basic household NFIs, such as sleeping and cooking kits or hygiene products. However, the monthly expenditure analysis indicates that

beneficiaries chose to spread the expenditures associated with the purchase of household NFIs across the 2 months of assistance (instead of bulk purchase during the first month, as planned at design stage) in order to pay for their medical costs.



“With the money that Save the Children sent me (...) I paid two months, thank God, I could pay two months (of rent). I spent 300 soles, I had 80 soles left and you know what I did? I bought some things for my girl, I bought food for us, some chicken, plus the things the nuns gave me”



(Beneficiary 2, man, La Libertad)



“(I spent it) on food, rent and medicine because my 5-year-old son has lung problems and takes theophylline and that’s a disease that can’t be cured. And things like that, but mostly on food, diapers and milk”



(Beneficiary 5, woman, La Libertad)

SC staff reported at evaluation stage a few very specific cases of cash transfers being used for non-essential goods and services, such as capital

investments for an enterprise (food, transportation in mototaxi), or to send funds to Venezuela.



The humanitarian aid that some families have received has not necessarily been used for food, but to pay for a room rent, to rent a house, or to have a roof to live under. In some cases, the aid has not always been used to meet the urgent needs, but has been used to invest in some kind of entrepreneurship. During some testimonies that I attended; I have been told that they have used it to buy a pizza cart to generate income. I have also been told that they were able to buy a used mototaxi with this money so they could have a source of income on their own, and that they will no longer have to rent the mototaxi.”



(SC Staff 3, woman, Lima)



“When I asked them how they used the aid they received, I received answers like “I paid the rent”, “I bought food”, “I bought clothes for my children”, and in some cases they told me “I sent some of it to Venezuela” actually I did hear that some of them sent some money to Venezuela”



(SC Staff 1, man, Lima)

Similarly, qualitative analysis suggested that the prioritization of expenditures also depended on household composition. During one-on-one interviews, beneficiaries, who were either pregnant or lactating themselves or had a family member who was pregnant or lactating, said they used cash transfers to purchase items recommended by

hospitals after the birth of a baby, such as diapers and baby wipes, among others. Households with elderly family members reported primarily using cash transfers for housing (rent), food, medicine, and health-related expenses. While households with children over 3 years of age used the cash for school supplies in addition to housing and food.

Analysis of Beneficiaries' overall expenditures (not MPCA only)

Table N°14

Comparative Analysis of MEB vs actual beneficiaries' expenditures (HH3)

Type	% of beneficiaries who reported this expenditure	MEB Calculations Month 1	Beneficiary Expenditure (HH3) Month 1	MEB Calculations (Month 2)	Beneficiary Expenditures (Month 2)
(Income)	100%	\$221	\$178,5	\$221	\$207
Food	99%	\$98	\$117	\$98	\$173
Hygiene	99%	\$14,5	\$14,6	\$14,5	\$23
Baby Items	54%	\$49	\$34	\$49	\$34
Transportation	82%	\$19	\$21	\$19	\$18
Kitchen kit	80%	\$28	\$14	\$-	\$15
Sleeping kit	32%	\$79	\$18	\$-	\$15
Rent & Utilities	98%	\$151,5	\$106	\$151,5	\$111
Communication	79%	\$9	\$4,5	\$9	\$5

Table N°15

	% of beneficiaries who reported this expenditure	Average monthly expenditure (HH3)
Health	70%	\$32
Clothes & shoes	31%	\$31
Education	45%	\$29
Debt repayment	51%	\$51
Livelihoods	57%	\$69
Remittances	48%	\$35

Overall, beneficiaries spent the predicted amount, or less, on most goods and services integrated into the MEB, with the notable exception of food. This can be explained by two major factors:

1. Beneficiaries spent more money on food than the average food basket. This might have been

influenced by the nutrition counselling and promotion activities conducted throughout the program and the extremely high food insecurity in which the vast majority of beneficiaries had been living for months prior to the program.

2. Beneficiaries chose to spread their expenditures to meet other needs that weren't factored into the MEB calculations. As a result, they reduced their expenditure in some basic needs (such as purchase of NFIs) in order to meet other needs (such as healthcare).

The analysis indicates that health, livelihoods, and debt repayment constitute important sources of

expenditure for beneficiaries, with over half of them choosing to invest a non-negligible portion of their income into these expenditure categories. Remittances also represented, on average, 10% of the income of households who reported this expenditure. It should however be noted that, given the sensitization made by SC staff, it is possible that both health and remittances expenditures were under-reported.

Sectoral analysis of expenditures included in the MEB

- **Income: Beneficiaries were able to generate slightly less income than expected at design stage (USD 28 difference). They nevertheless generated more income during the second month of assistance compared to the first month.**
- **Food: Beneficiaries prioritized food expenditures over other expenditures, and spent more money on food than the value of the food basket. No price inflation was reported through market price monitoring. This suggests that households might have purchased more food (both in quantity and variety) than planned. The improved FCS also corroborates this (see below).**
- **Hygiene items: Beneficiaries spent the exact calculated amount for hygiene products during the first month, and a little more during the second month (USD 9).**
- **Baby hygiene kits: beneficiaries with children under two spent on average USD 34 per month on the purchase of baby hygiene kits, which is lower than initially budgeted (USD 15 difference).**
- **Transportation: transportation expenditures were comparable to the MEB calculations, with a slight reduction during the second month compared to the first month.**
- **Kitchen kits: beneficiaries spent almost the exact amount calculated for the purchase of cooking NFIs, but chose to spread the expenditure across two months instead of making bulk purchases during the first month.**
- **Sleeping kits: overall beneficiaries spent a significantly lower amount in the purchase of sleeping kits than originally planned (USD 46 variation). This is because only 32% of beneficiaries chose to buy sleeping kits. Those who did spend on average USD 48, which is much closer to the initial estimate. It should also be noted that households who reported not purchasing sleeping kits also reported spending more money on rent. This could suggest that some households have preferred to rent semi-furnished flats instead of purchasing basic sleeping kits.**

Table N°16

Cost of rent (no utilities) across cities

Arequipa	La Libertad	Lambayeque	Lima	Piura
91	70,5	95	108	122



6.3. Food Security

Information collected at baseline stage showed a disconcertingly high level of food insecurity amongst beneficiaries: approximately **78%** of HHs exhibited characteristics consistent with IPC Phase 3 or worse (crisis/emergency/famine) per **rCSI**. When looking at the individual coping strategies, at baseline, a majority of HHs reported employing the two most severe behaviours – borrowing food (**84%**) and restricting consumption by adults for children (**77%**).

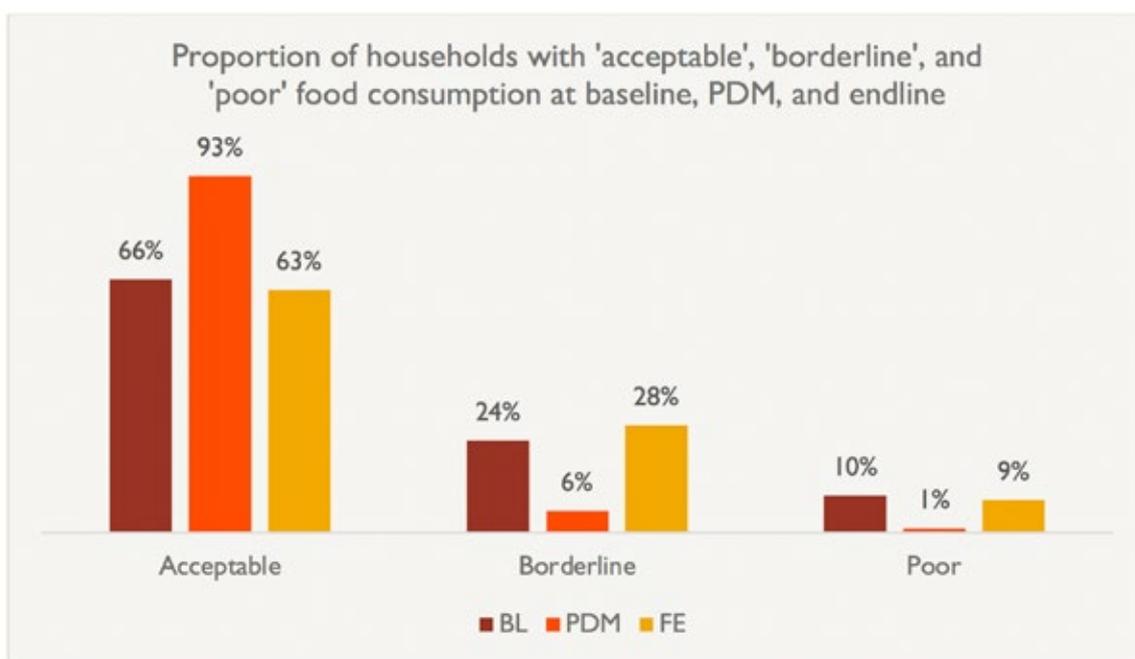
With regards to the FCS (which measures dietary diversity and food frequency), the results at baseline stage were slightly more positive: **66.3%**

of HHs had ‘acceptable’ food consumption and 10% had ‘poor’ FCS. Nevertheless, it should be noted that the relatively acceptable FCS was mainly due to the fact that most beneficiaries had eaten fish or meat and dairy at least once in the week prior to the survey, which significantly increased their score. As aforementioned, this is notably due to the fact that the program operated mostly in an urban context (where the large network of super markets makes diverse food more available and accessible), and in a country where consumption habits are high in grains, tubers, legumes, meat/fish/eggs, and dairy. This however is not indicative of the quantity and quality of the products consumed.

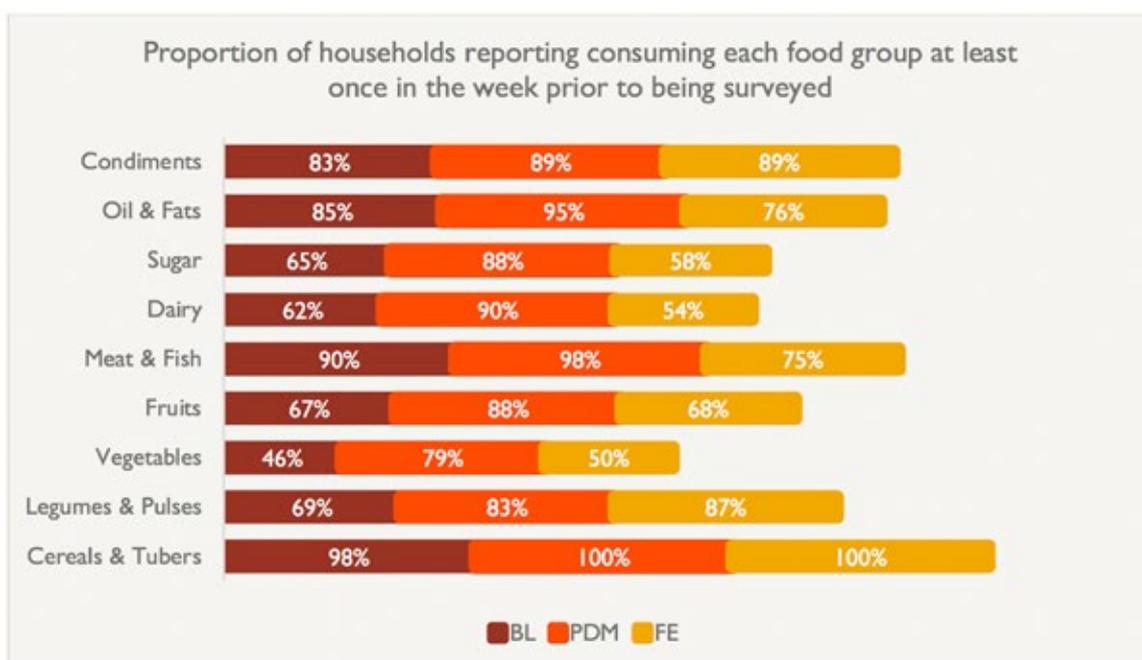
Information collected **after the MPCA** was transferred to beneficiaries highlighted the immediate positive impact that the program had on the food security of beneficiaries: **nearly all (93%)** of HHs had an 'acceptable' FCS, 6% had a 'borderline' FCS, and only 1% had a 'poor'

FCS. The analysis of each food group indicated an overall improved and diverse diet, with a high proportion of HHs reporting consuming legumes; vegetables; fruits; meat, eggs, fish; and dairy on a regular basis.

Graphic N°6



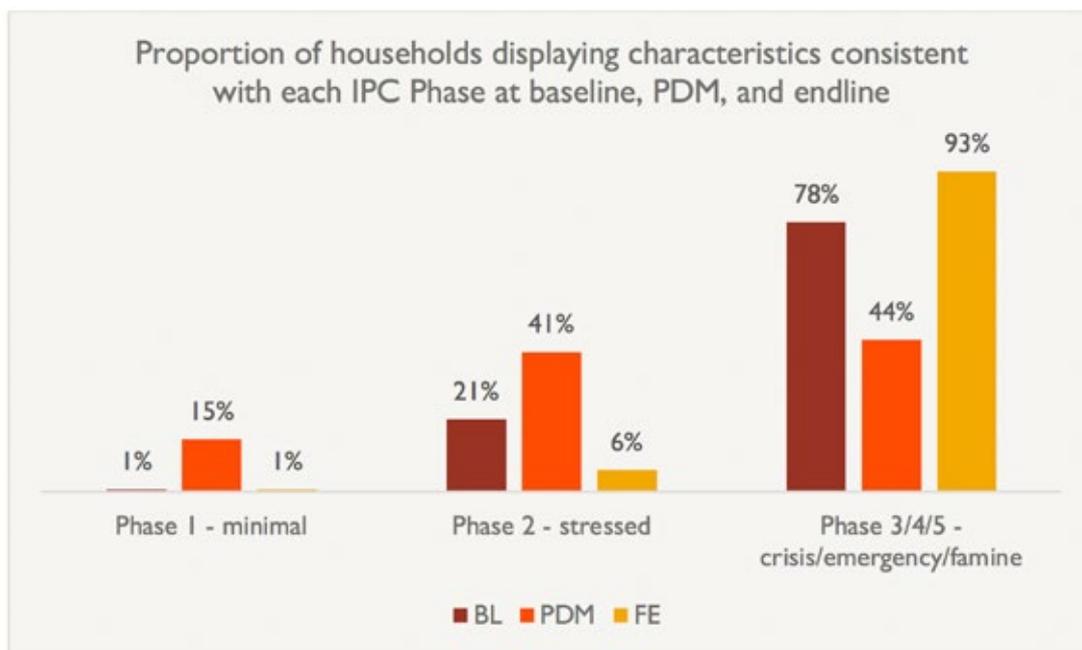
Graphic N°7



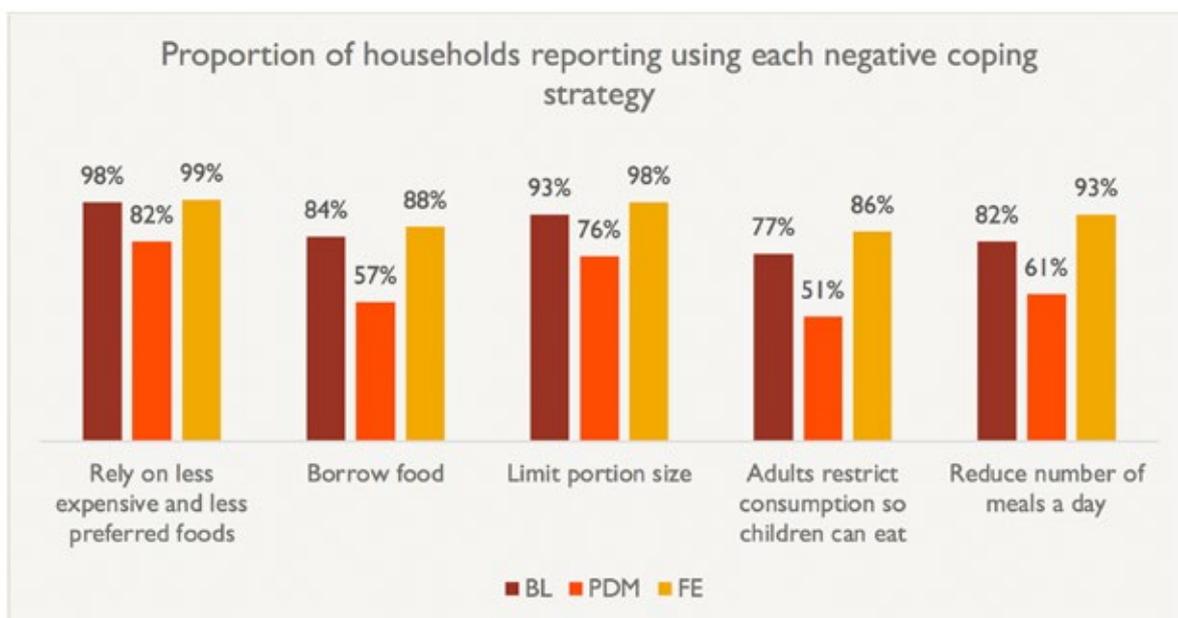
The proportion of households that were no longer using negative coping strategies to purchase food (IPC Phase 1 - “minimal”) increased to 15%, and the ones exhibiting characteristics consistent with IPC 3 or worse reduced to 44% (from 78%). Nevertheless, **more than half** of HHs

continued to utilize the two most severe coping strategies – borrowing food or relying on help from a relative/friend (**57%**) and adults restricting their consumption to prioritize their children’s consumption (**51%**).

Graphic N°8



Graphic N°9



Gradual Improvement in Food Security

The comparative analysis between settled households that had received one transfer and households that had received two suggests a gradual improvement in household food security. In fact, the proportion of HHs exhibiting characteristics with IPC Phase 3 or worse was three (3) percentage points lower among those who received two cash transfers than those who received one – 43% and 46%, respectively – and those in IPC Phase 1 were higher at 20% and 15%, respectively; both indicating improvement in the overall food security of HHs. Additionally, HHs who received two cash transfers reported using each negative coping less frequently than those who received only one transfer, particularly the two most severe coping strategies. Less than half of HHs who received two cash transfers (48%) reported adults restricting consumption compared to more than half (53%) of those who received one transfer; a little over half (54%) of those who received two transfers reported having to borrow food or rely on help from relatives/friends compared to nearly two-thirds (59%) of those who received only one transfer. On average, those who received two transfers were more food secure than those who received one. Interestingly, food consumption results stayed relatively similar for both groups.

6.4 Nutrition

The evaluation of nutrition activities complementary to the MPCA shows that, despite the impact of COVID-19, the training activities, counselling and support groups were effective and enabled SC to reach the program objectives. In fact, breastfeeding and complementary feeding practices improved significantly from the beginning to the end of the project; for instance, the proportion of children under six (6) months who were fed exclusively with breastmilk increased by 10 percentage points (44%) from baseline. A significant improvement (30 percentage points) was also observed in the proportion of children 6 to 23 months receiving a diet of minimum dietary diversity. In fact, at baseline, a little over two-thirds (70%) of children 6-23 months were consuming four (4) or more good groups, while at endline **all** were consuming a diverse diet.

These results are similar to the food consumption (FCS) results discussed above; even in the context

of COVID-19, nearly two-thirds of HHs had an 'acceptable' FCS, while continue to employ negative food-based coping strategies, indicating contradictory results. Similar to FCS, these improvements in infant and young child diets can be attributed to the urban environment, which allows HHs access to supermarkets and, therefore, access to diverse foods. Additionally, as aforementioned, the Peruvian diet itself is quite high in meat, fish, dairy, legumes, and grains. While the qualitative data also contradicts the positive dietary diversity results (see below), the rCSI results support the overall improvements, as most HHs report restricting adult meals in order to prioritize feeding young children. Lastly, neither FCS nor MDD capture the quantity consumed, so it is possible the portions are reduced significantly; this is supported by rCSI, yet again, with 97% of HHs reporting reducing portion size of meals and 92% report reducing frequency of meals.

Qualitative analysis confirms that the nutrition component of the project achieved positive results in raising the awareness of mothers, parents or caregivers. However, it also highlighted the **importance of complementing these activities with provision of financial assistance and/or support in income generation.** In fact, interviews conducted months

after receiving MPCA, and during COVID-19 when families were facing high financial pressure, indicated that families did not have the financial resources to put into practice the nutritional knowledge acquired through the program and purchase more nutritionally rich, but more expensive, products such as fruits, vegetables or animal protein.





“I want to follow (the advice), which is very good. I would like to take all that advice because I want to give everything to my little girl so that she will not get sick. Imagine, where I would take her if she gets sick. With our economic situation, it is very difficult for me to acquire the food they tell us to. Then sometimes I have to give her what the nuns give me or something else. In order to feed her, I try to buy her fruits; a banana, a tangerine, (...) little by little I buy them for her because I don’t actually have the money to buy them all at once. So, I can’t stick to that diet, because I need more money in order to buy those things for her.”



(Beneficiary 2, man, La Libertad)

Qualitative analysis also identified that **migration patterns can also negatively affect the nutritional outcome of children**. In several instances, it was observed that beneficiaries could

not plan their children’s menu adequately, due to constant movement and the need to plan on a day-by-day basis.



“But, honestly, in this population it’s a little complicated to do that because they don’t live in one place. They move constantly because of their vulnerable condition, since most of them have to go out and sell with their children and generate income in order to eat that day or pay for their rooms. So, it’s quite complicated.”



(SC staff 5, woman, Lima)

Project staff were also consulted in interviews with regards to the differentiated nutrition outcomes between boys and girls. While no gender differences were made in the project’s activities, a

nutrition professional emphasized that this could be attributed to the conception that male children are hungrier.



“I think it’s similar in Peru. They think that a boy, because he’s male, can eat a little more or maybe he’s a little hungrier. But the truth is, now that I remember, I have not heard this openly.”



(SC staff 5, woman, Lima)

6.5. Protection

The program succeeded in improving in specific cases the emotional health and resilience of MPCA beneficiaries, however the ability of

MPCA to generate positive protection outcomes for children was not measured throughout the program and can therefore not be asserted.



“Many parents feel a bit upset and uncomfortable there. Sometimes they inappropriately correct their children in a very harsh manner; that is why we emphasize that issue. Many of them are very emotionally burdened due to stress. In the workshop, we always state that this can often be detrimental to their loved ones, such as their children or partners, and since they feel very irritable and sensitive, they can take it out on their children.”

(SC Staff 6, woman, La Libertad)

“Yes (he was hurt), and not only because we moved to another country, but he experienced xenophobia at such a young age. One day after leaving school, he said crying “mom, I want to move back to Venezuela because I don’t have friends here; they don’t want to play with me because I’m different.” This coming from a 4-and-a-half-year-old boy was very painful for us because we saw that it was affecting the child as well. We asked the teachers to talk to the other children, although it was not their fault because the children simply repeat what their parents say. Thank God, we got through that episode. Yet sometimes he cries when he thinks of his cousins who have nothing to eat. He realizes this even though he is only a child.”

(Beneficiary 5, La Libertad)

Endline results indicated that 71% of beneficiaries “strongly agreed” that their child’s emotional health improved as a result of their participation in the child friendly spaces, and 95% reported improvements in their feelings of well-being

and ability to cope at the end of the program. Both staff and beneficiaries themselves reported positive effects on children during interviews and FGDs.



“They (the children) left the workshops very calm, more motivated and comforted, since we worked deeply on the emotional aspects (...) they expressed their emotions and concluded with positive comments that they brought with them to each session.

They (the beneficiaries) retain many emotions and feel very grateful when we call them and let them know there is a space and time for conversation. This space was created for them, their families, and their emotional well-being. They appreciate the call because there is no one who understands their context and can listen to their experiences, so when they share their stories, they feel more relieved. We give them recommendations to handle and control their emotions. (...) some people even told me that they practiced the activities we taught them very often, writing all the negative emotions on a sheet of paper and writing positive thoughts that change those emotions on the backside.”



(SC Staff 6, woman, La Libertad)

The provision of protection activities was particularly important as some beneficiaries reported that they did not have access to protection services in Peru and reported discrimination. Nevertheless, although emotional counselling can provide support and information, it cannot replace institutions and actual provision

of services. Only about 36% of beneficiaries participated in SC protection activities; the low turnout is mainly due to the PSS workshops and counselling being offered outside the distribution days and, as aforementioned, beneficiaries prioritized paid work over voluntary activities that may be out of their way.



“They say they were ignored when calling 113 for assistance. We have also found that 5 families with COVID-19 symptoms called 106 and didn’t receive assistance because they were Venezuelans or their phone calls were cut off because they did not have a Peruvian DNI (National Identity Card). So, one of them went to Chimbote, not far from here, for medical care because they no longer wanted to help him; all of these situations affect them emotionally and we are working towards solving these issues.”



(SC staff 6, woman, La Libertad)

6.6. Shelter and NFIs

Despite the economic impact of COVID-19, the MPCA still had a positive impact on improving access to shelter and basic household NFIs. In fact, the proportion of beneficiaries who reported having access to covered shelter (that provides privacy, safety, and protection from the elements) at the end of the program increased to 67%¹⁰. This proportion was higher for families living with children under 2 (74%) compared to HHs without children. Beneficiary HHs access to non-food items such as bedding and kitchen tools also increased to 54%. As an indicative point, both of these exceeded SC's initial program target.

These findings were also corroborated by the analysis of expenditure data, which indicated that expenditure in the shelter sector was the second highest after beneficiaries' reception of MPCA.

Qualitative analysis also highlighted the crucial role that MPCA played in supporting beneficiaries that were facing emergency shelter situations (such as living on the street, or being evicted from their home).



“The truth is that yes (it helped me) because last month they were about to throw us out of the house because we had not paid, the rent due to the situation.”



(Beneficiary 5, La Libertad)

6.7 Water, Sanitation and Hygiene

The overall effect of MPCA on WaSH has been moderate, which, according to qualitative analysis, can be (disconcertingly) attributed to the reduction and shift in household's prioritization of expenditure following COVID-19. In fact, while beneficiaries reported at the PDM stage that they were prioritizing the purchase of hygiene products (Top 5) and spending on average more money than required to purchase a minimum hygiene-basket (as per SPHERE standards), data collected at endline (during the pandemic) suggested that only 59% reported access to essential hygiene items, compared to 63% at baseline.

Nevertheless, at the end of the program, 71% of beneficiaries had access to safe water for drinking, cooking, and cleaning; a little over half of them (53%) had access to a private toilet, and the majority (89%) had access to a handwashing station.

¹⁰ It should be noted that during distributions, Save the Children's staff sensitized beneficiaries on risks associated to medicines access to adequate accommodation increased by 16 percentage points (pp) from baseline (BL) to endline (EL)

7 - Recommendations and lessons learnt

Overall, analysis shows that the program successfully reduced the socio-economic vulnerability of most vulnerable migrants settling in Peru. The targeting methodology was appropriate for selecting highly socio-economically vulnerable households in mega-cities and large urban centres and can be replicated in future similar contexts. The distribution methodology enabled

the provision of a comprehensive package of assistance and services to MPCA beneficiaries, which helped to improve their emotional well-being and IYCF practices. Nevertheless, the following section provides some key highlights and recommendations for future MPCA 'Plus' programs.

Operational Best Practices:

- **Accountability:** The project set up an accountability mechanism to inform, explain and orient families that were not selected for the program. In a context of high vulnerability and emotional distress, this is a crucial step to support non-eligible families, reduce potential tensions and do-no-harm. Providing this life-changing information in a fast manner is particularly important during the migration process, where families must constantly make decisions on what to do next in order to survive.
- **Welcoming Distributions:** simple details can transform a distribution of cash into a safe space where migrant families can finally rest and feel welcomed after weeks of hardship. For instance, SC played Venezuelan music during distributions and incorporated Venezuelan Spanish (colloquial expressions) to promote a sense of welcoming and show appreciation for Venezuelan culture.
- **Emotional Well-being of staff:** an often overlooked but critical factor in this project's success, was the dedication of its field staff. Maintaining the same team members throughout the project has enabled SC to better understand the Venezuelan population's profile and needs, and therefore, implement a quality program. This was particularly helpful in ensuring quality targeting and distribution processes. However, working on a daily basis with highly vulnerable and sometimes desperate people can also negatively impact the staff's emotional well-being. To prevent that, the project developed an emotional support system for the staff, which allowed them to manage stress and working conditions and ensure a good working atmosphere, coordinated teamwork and good relationships between staff members to support each other on busy days.
- **Security:** The project established a protocol for the application of eligibility surveys for in-transit families, which included different aspects such as:
 - 1) Security measures for application of eligibility surveys in teams of two-three sponsors, to prevent theft or criminal acts in risk areas, and use smartphones only in certain areas.
 - 2) Wear vests of the same colour to be an eye-catching visual identifier for the beneficiaries.

MEB design and MPCA amount determination:

- **Household sizes and compositions:** the program transferred different amounts of MPCA to families according to their size and composition (presence of children under 2). The analysis of expenditures indicated that, in fact, families with children under 2 did prioritize the purchase of baby kits, and this incurred additional expenditures (at least USD 34 per month, only for hygiene products) compared to other families. Without this differentiation in MEB calculations, families with children under 2 would have been penalized and might have had to reduce other household expenditures in order to meet this need. While the differentiation in transfer amounts did raise some questions from beneficiaries, those were addressed at the distribution stage and did not generate further complaints. The use of automated-digital calculations has been instrumental in reducing human errors and streamlining transfer amount calculations. The use of automated-digital calculations has been instrumental in reducing human errors and streamlining transfer amount calculations.
 - **Recommendation:** consider family size and composition when designing the MEB and calculating the transfer value, in order to reflect the specific needs of family members and associated expenditures.
- **Different monthly transfer amounts:** Analysis of income and expenditures suggests that during their first month of settlement, the gap between beneficiaries' income and expenditure is higher than the following months. This is notably due to the fact that, when arriving in a new country, migrants have to develop their network for finding new jobs, which takes time and further reduces their income. At the same time, their expenditure needs remain the same, if not higher (debt repayment; health emergencies following weeks of dangerous and precarious travel; deposit for rent; purchase of basic house furniture). In this project, beneficiaries received a higher transfer amount during the first month, but this amount didn't appear to be high enough to meet all of their most urgent needs. In fact, priority needs such as health, and other key expenditures (such as debt repayment and remittances) were not factored into the MEB calculation. As a result, households chose to split the purchase of cooking and sleeping kits across two months instead of one, in order to meet these other urgent needs first. The inclusion of those expenditures in the MEB calculations could have allowed beneficiaries to purchase household NFIs in the first month, and therefore have a higher impact from the first month.
 - **Recommendation:** Consider having a higher transfer amount during the first month of the MPCA in order to make sure that beneficiaries can cover immediately specific needs associated with the migration and the settlement process (such as debt repayment, health checks, purchase of basic furniture).
- **Localized MEB:** this project operated in 5 different urban areas using a harmonized amount across geographical locations. However, the expenditure data and market price monitoring results suggested that expenditures such as rent can vary from one location to another.
 - **Recommendation:** when designing the MEB, consider potential geographic variations in expenditure and consider developing localized MEBs if those vary significantly.
- **MEB Design and Gap analysis:** While sectoral-MEB calculations (such as cost of hygiene products, shelter) appeared to be overall relatively accurate in this project, the fact that some key expenditures, such as health, debt repayment or remittances had to

be removed from the calculations at proposal stage resulted in a calculation of MPCA assistance that was too low to significantly impact all sectoral needs. This is notably due to the fact that the average monthly income was deducted from an MEB that did not reflect all actual priority expenditures, but only the ones that were in line with donor requirements. This has forced beneficiaries to prioritize expenditures, even among those permitted by the donor, because of continued need to cover other non-permissible expenditures. This could partly explain why the program's sectoral outcomes are lower than the SC's MPCA program implemented in Colombia in 2018, where the MPCA amount was higher, also calculated on the basis of expenditures that were donor-compliant, but which didn't factor income into the calculation.

- **Recommendation:** To achieve higher sectoral outcomes, it is recommended that the gap analysis considers an MEB that reflects actual expenditure needs (and not exclusively the needs that the program aims to cover).
- **Length of assistance:** the initial rationale for providing MPCA for 3 months was based on the assumption that this was the original timeframe required for Venezuelans to formally register in Peru and obtain the right to work (with the subsequent potential increase in income and reduction in expenditures for services such as health). However, in practice, this process became a lot more complex during the implementation of the program, resulting in households not being able to engage in formal employment. The relatively moderate improvement in some sectoral indicators (notably compared to the Colombia program, where assistance was provided for 5 months) and the qualitative analysis results suggest that this could be attributed to the fact that households were graduated from the program too soon. Results from the endline (although influenced by the economic impact of COVID-19) also support this statement: most beneficiaries showed similar (if not worse)

socio-economic vulnerability than before (see Chapter 3).

- **Recommendations:** It is therefore recommended that future programs targeting migrating population should provide MPCA for at least 5-6 months. While for the first months the cash assistance amount must be higher, to cover immediate needs related to settlement, the following months this amount can be reduced to act more as a safety net. The value of the safety net transfers could be determined by analyzing income generation trends amongst the target population (e.g., analysing changes in monthly income of Venezuelans who have previously settled in Peru over a period of 6-12 months) and factoring them into the gap analysis. Alternatively, if no income data is available, a survival MEB would have to be developed factoring the minimum expenditures required to survive in a given location (in the case of this project, covering minimum food, rent and hygiene costs - see example in Chapter 3) without applying a gap analysis.
- **MPCA 'Plus' Nutrition and Child Protection Positive impact of Dietary Diversity:** The provision of MPCA 'Plus' had an immediate impact on increasing the frequency of food intake and dietary diversity of beneficiaries. The important level of expenditure on food (higher than the standard food basket), the perception of beneficiaries and the likely positive impact of the nutrition sensitization sessions at the distribution stage are in fact reflected in the overall improvement of the Food Consumption Score.
 - **Recommendation:** we recommend combining MPCA and nutrition activities targeting the same population in programs aiming to improve dietary diversity.



CHAPTER 3

THE PANDEMIC

ADAPTING ASSISTANCE
TO COVID-19

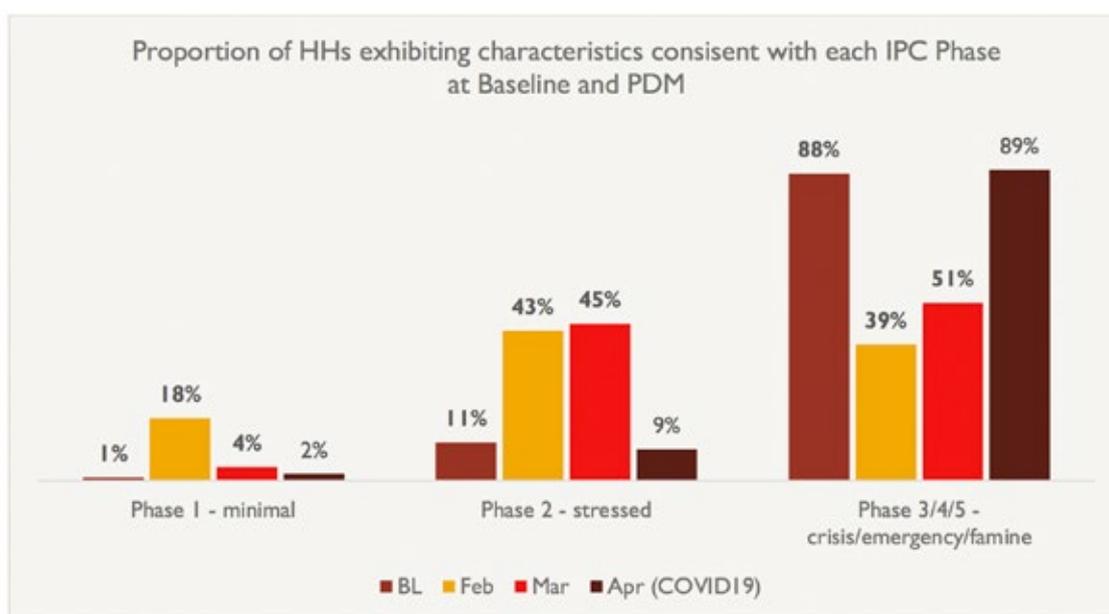
1 - Impact of COVID-19 on beneficiaries

Between March and July 2020, the COVID-19 crisis and the extended state of emergency declared by the government of Peru, which imposed one of the longest national lockdowns in the world, have significantly affected the country's most vulnerable households, including those of Venezuelan migrants. Many informal migrants have been unable to work, while others have lost their jobs. Unlike most vulnerable Peruvians, Venezuelan migrants did not have access to any assistance from the government of Peru, and only some families received minor donations from the UN or INGOs. At the same time, the poorest districts are those associated with more COVID-19 cases. Some media report that the health, social and economic crisis has prompted several Venezuelans to return home because they had no means to survive in Peru (BBC, 2020).

- This economic impact could be directly measured¹¹ on SC's beneficiaries, the food insecurity caseload, indicating an alarming situation. Within a month, 88% of HHs reported losing ALL of their HH income. When asked

about purchasing power, only 32% reported being able to afford both food and hygiene products. As a result, food insecurity increased dramatically, reaching similar scores as those captured prior to the MPCA distribution: in fact, in April 2020, nearly all of HHs (89%) exhibited characteristics consistent with IPC 3/4/5 (crisis/emergency/famine), 9% with IPC 2 (stressed), and only 2% with IPC 1 (minimal). The analysis shows a drastic increase in the use of each coping strategy. Over 80% reported borrowing food (86%) – same as baseline – and restricting consumption by adults for children (82%) – higher than at baseline, indicating further deterioration instead of improvement. When asked whether the spread of COVID19 and the Peruvian government's response to restrict movement has caused HHs to use the aforementioned strategies more frequently, nearly all (99%) of HHs responded in the affirmative. Beneficiaries also started resorting to negative coping strategies harmful for children, such as child labour (3%) or begging (1%), despite the lockdown.

Graphic N°10

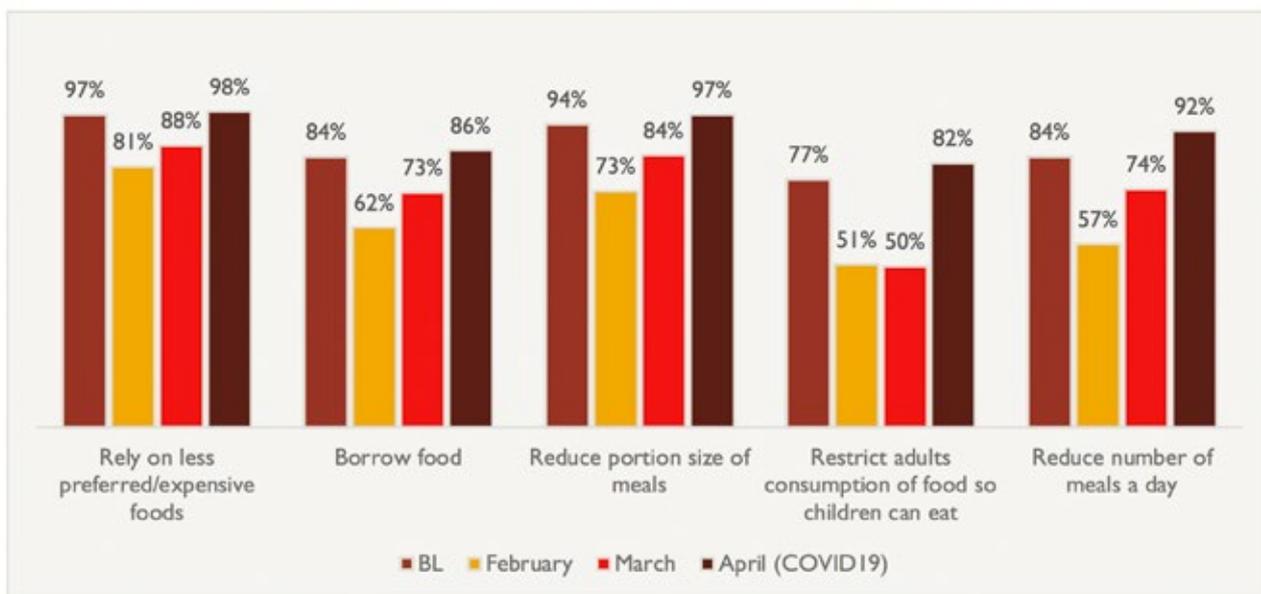


¹¹ SC repurposed its April PDM to capture the impact of COVID-19. It should be noted that the sampling was lower than baseline or previous PDM surveys.

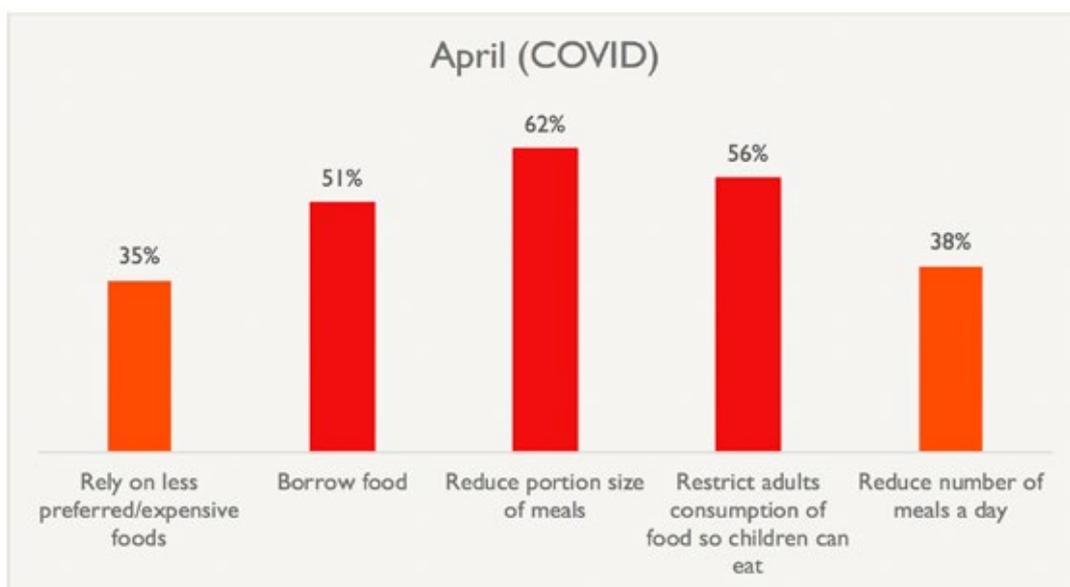
- Similarly, approximately **76%** of HHs experienced moderate or severe hunger – higher than at baseline. Results also show that approximately **8%** of HHs exhibited characteristics consistent with IPC Phase 5

(famine), **15%** with IPC Phase 4 (emergency), **53%** with IPC Phase 3 (crisis), 18% with IPC Phase 2 (stressed), and only 6% with IPC Phase 1 (minimal).

Graphic N°11



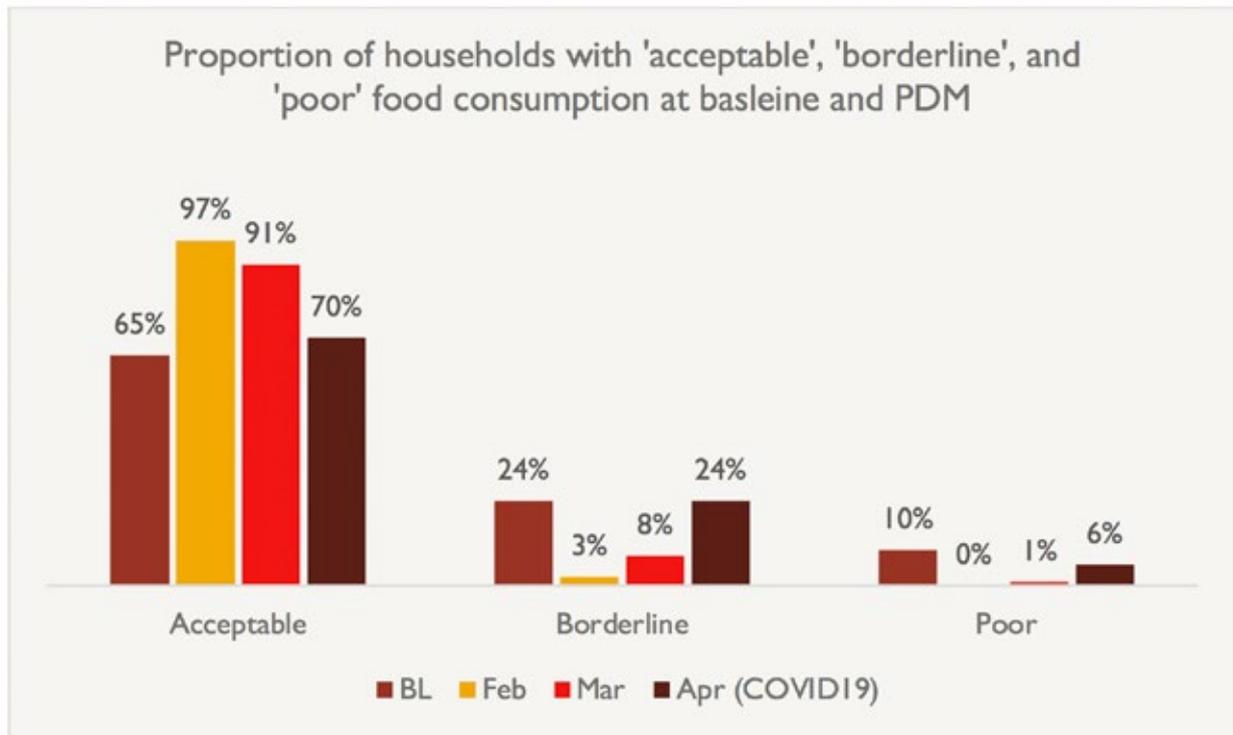
Graphic N°12



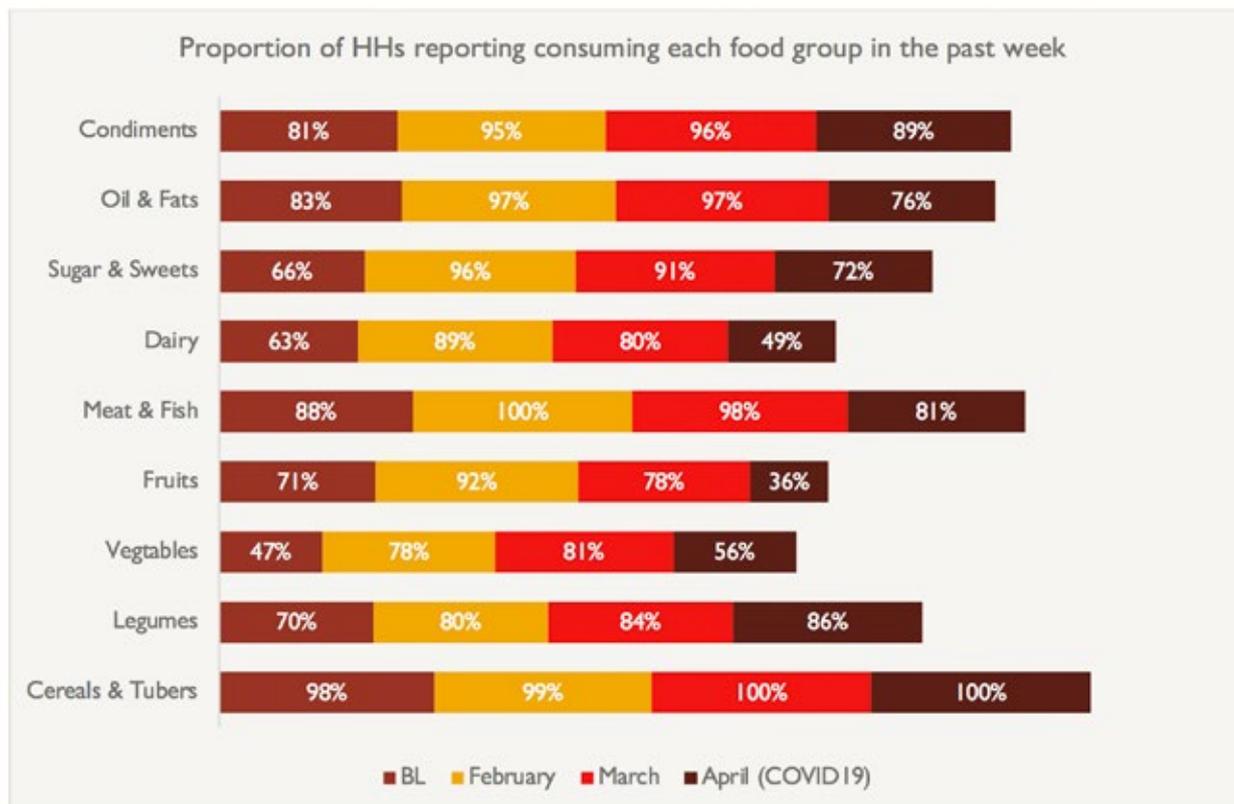
- Finally, the improvement in dietary diversity gained throughout the program was partly lost: although the proportion of HHs with an ‘acceptable’ food consumption score was slightly higher in April than at baseline, the

proportion was much lower compared to the other PDM results. A decrease in consumption of vegetables, fruit, meat & fish, and dairy products was also observed.

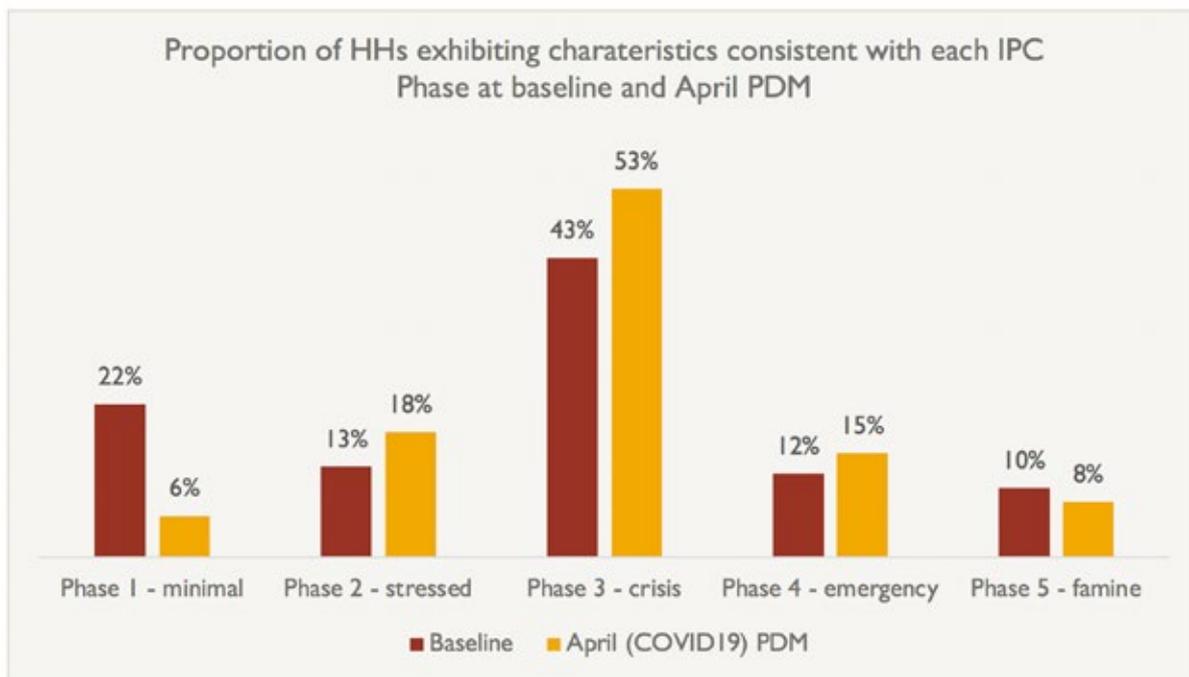
Graphic N°13



Graphic N°14



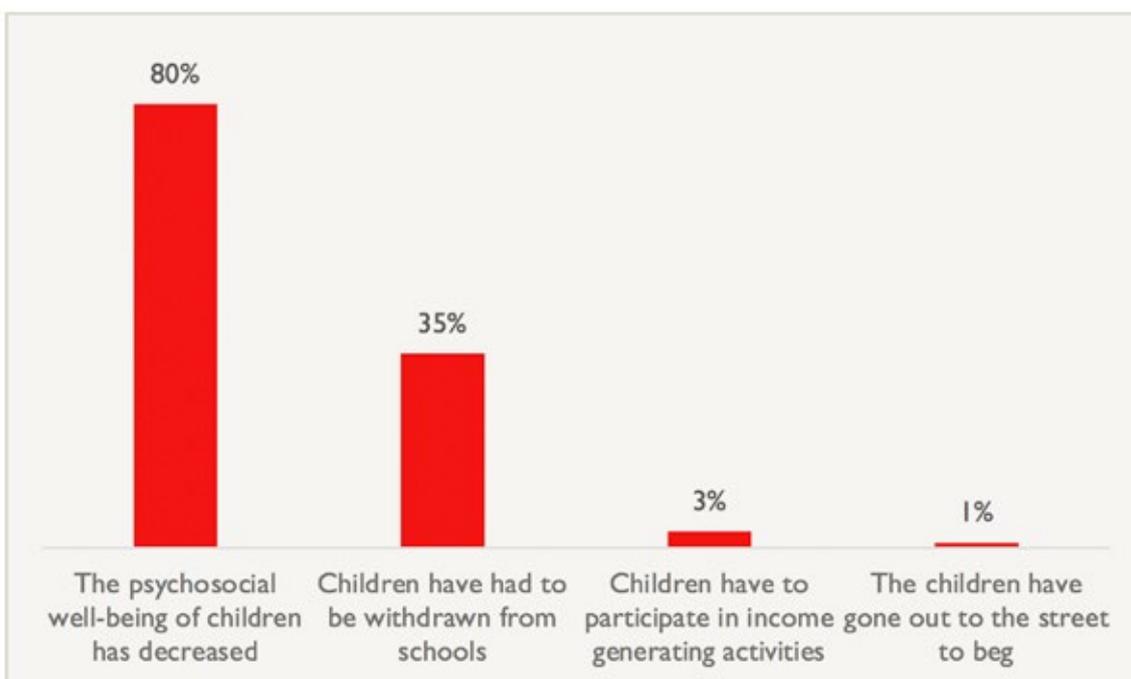
Graphic N°15



With regard to shelter, prior to COVID-19, 91% of beneficiaries reported renting a room in an apartment, and this decreased to 86%. This slight reduction is particularly concerning in a lockdown situation, considering the profile of

SC’s beneficiaries (PLWs, families with children and elderly) and the fact that shelters (such as albergues) tended to be already overcrowded prior to the pandemic.

Graphic N°16



2 - How much is needed to survive during quarantine?

In light of this situation, Save the Children decided to modify its program to provide financial support to all its beneficiaries during lockdown.

A contingency plan was developed outlining variables which would trigger the provision of an emergency “COVID-19” transfer to beneficiaries.

Table N°17

Trigger	Scenarios	Measurement	Proposed action
Movement restrictions	No more movement restrictions in all locations	Official declaration from the Government of Peru (GoP). This will be monitored on a bi-weekly basis.	No changes to proposed activities. Measures are taken to apply hygiene and social distancing measures, limiting as much as possible the gathering of individuals, as a preventive measure. The latter applies to all scenarios below
	Restrictions of movement still apply in certain location		Provision of Emergency COVID-19 transfers to locations where restrictions of movement persist.
	Restrictions of movement at the National level.		Provision of Emergency COVID-19 transfers to all locations and all beneficiaries.
MEB prices	Market monitoring shows normal variation in prices of commodities and services included in the MEB	Less than 10% of value of MEB increases. This will be measured through monthly market price monitoring	No changes to the proposed intervention.
	Market monitoring shows a moderate increase in prices of commodities and services included in the MEB	Between 10 and 20% of the value of the MEB increases.	Subsequent increase in the MPCA assistance SC would usually trigger this measure only when prices increase above the 20% threshold. However, given the impact that COVID-19 has already and is predicted to have on household economies the usual trigger was moved to 10%.
	Market monitoring shows a significant increase in prices of commodities and services included in the MEB	Over 20%	Subsequent increase in the MPCA assistance Provision of COVID-19 transfers to all beneficiaries (except beneficiaries receiving their first MPCA transfer, which value is higher than the COVID-19 emergency transfer).

The COVID-19 emergency transfer has been calculated considering:

- The value of the GoP COVID-19 transfer, which was equivalent to 380 soles per households regardless of its size, for every 15 days of quarantine (equivalent to 760 soles per month).
- The minimum cost of rent, which according to SC market price monitoring was a minimum

of 350 soles per month in Lima (106 USD), and subsequent need to ensure all HH (including small HH) had access to this minimum amount in order to reduce risks of eviction.

- The lack of harmonized transfer at the cash working group level.
- The increase in expenditure on hygiene products.

Table N°18

Items	Individual	2pp	3 pp	4pp	5pp	6 pp
Food	PEN 63,71	PEN 127,42	PEN 191,13	PEN 254,84	PEN 318,55	PEN 382,26
Rent+ utilities	PEN 350,00					
Hygiene kit	PEN 16,87	PEN 37,62	PEN 53,99	PEN 75,23	PEN 88,04	PEN 109,29
Total 100% COVID Emergency MEB	PEN 431	PEN 515	PEN 595	PEN 680	PEN 757	PEN 842
Income	0	0	0	0	0	0
Total COVID-19 USD	\$130	\$156	\$180	\$206	\$229	\$255

The food basket has been modified to reflect the cost of a minimum basket of staple foods (designed on Nutval to meet 100% of kilocalorie needs) using updated prices from market price monitoring. The cost of rent has been amended

to meet the minimum rent cost to avoid eviction / enable evicted households to relocate. The hygiene basket has been updated to reflect increased purchases of soap (double the amount).

3 - Working towards a contactless cash programming

The extended lockdown also prevented SC teams from conducting any activity that required physical contact with beneficiaries, such as identification and selection of beneficiaries, registration, distribution, and monitoring. As such, new 'contactless' ways of working had to be developed to continue assisting beneficiaries.

During the first weeks following the beginning of the lockdown, SC developed a new digital communication strategy. First, a survey was conducted to find out the social networks its beneficiaries were using. A mass text message was sent to all beneficiaries having a Peruvian mobile phone number (**9,440 beneficiaries**)

with the possibility to reply to the SMS free of charge. This allowed SC to identify the best communication mechanisms to reach beneficiaries and conduct outreach activities to potential future beneficiaries.

The database of existing beneficiaries was updated with all the household contact details (phone, WhatsApp number, Facebook or email address), which enabled staff to directly contact them to check whether their bank card was still active; or inform them of the upcoming COVID-19 transfer. With regards to new beneficiaries, SC further expanded the use of referral mechanisms and self-identification approach (described in chapter 2), which allowed potential beneficiaries in need to register directly on Save the Children's website in order to be considered for assistance. Potential new beneficiaries included families living in the project implementation areas who had not received any previous financial assistance by any of SC programs. Identification numbers were checked with the CBI platform (a centralized beneficiary database platform developed at the Cash Working Group Level) to avoid duplication with other organizations. Further verification was conducted through the CNE website (<http://www.cne.gob.ve/>) to verify if the information on the ID card matches the person's names and last names.

All potential new beneficiaries were called by SC staff in order to undergo the selection survey and received either a phone call or WhatsApp message regarding their eligibility; those eligible were then registered in the program. All beneficiary data was verified after selection and registration, and before the cash transfer was made by cross-checking the ID documentation of each household member, to reduce risks of duplication both internally and across other cash actors.

SC also conducted further assessments of available delivery mechanisms in the country in order to identify alternative payment solutions that did not require the organization of physical distributions. In fact, while former SC beneficiaries could still receive financial assistance (SC just had to credit their cards distributed pre-COVID-19), SC could not organize the distribution of cards for new beneficiaries during, or even after, lockdown due to the risk of contamination and restrictions in

place around individuals' gathering. This resulted in the identification and hiring of an alternative delivery mechanism, which operates very much like a post-office or remittances agency. SC sent the lists of beneficiaries with names and ID numbers to the company, which has office locations across all targeted areas. SC then informed each beneficiary that their transfer was ready to be cashed out via SMS or WhatsApp channels at any of the company's locations. Beneficiaries then just had to show their ID to receive their cash transfer.

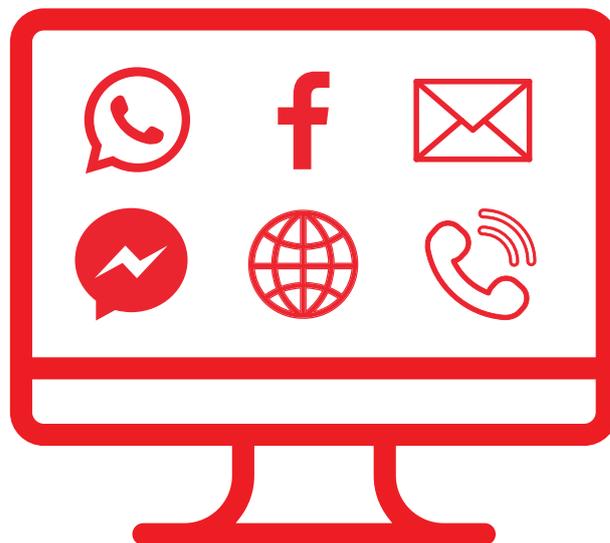
Following distributions, and in light of the high proportion of cell phone ownership, SC's monitoring teams also relied on phones and mobile data collection tools (e.g., Kobo Toolbox) to conduct post-distribution monitoring. Although SC faced challenges reaching some beneficiaries (e.g., some beneficiaries in transit had left Peru; others had changed phone numbers), overall, remote data collection was successful and effective. Beneficiaries could also update their contact information at any time during project implementation in the online form on SC's website, which allowed SC to maintain regular contact with its beneficiaries, even post-distributions. Staff saved time not having to travel to the field and beneficiaries could request a call back at a time of their convenience. SC was able to build on the remote monitoring experience during the pandemic and received positive feedback from beneficiaries.



4 - Using social media and new technologies to provide complementary services

Feedback and Reporting Mechanism – as a result of COVID-19, SC relied heavily on technology and mobile channels such as SMS, phone calls, Facebook, and WhatsApp – given the popularity and familiarity with the app among the migrant population – to maintain two-way communication with beneficiaries. SC also set up an online “Contact Us” form allowing potential beneficiaries to connect with SC; this form allowed SC to continue identifying and enrolling new beneficiaries after in-person targeting was suspended. Given the positive response from beneficiaries regarding the use of these platforms for feedback, SC used WhatsApp to sensitize beneficiaries on the COVID-19 outbreak and resources beneficiaries could access during quarantine to protect themselves and their communities from spreading and contracting the virus.

Breastfeeding Counselling online – between April and June of 2020, in the wake of COVID-19, SC provided individualized counselling on breastfeeding and complementary feeding to 1,621 pregnant women, mothers and caregivers virtually via phone calls, SMS, and WhatsApp. The one-on-one counselling focused on various challenges mothers face during breastfeeding, such as breast engorgement, poor attachment, and proper positioning. SC also provided information on timely introduction of semi-solid foods, recommended foods, and intake for children 6-23 months of age. SC also employed social media platforms such as Facebook to broadcast events on breastfeeding in the context of COVID-19, including dispelling myths and misconceptions; SC reached 7,700 individuals via several livestream events. Participants interacted and conveyed interest in the topics being presented by asking questions and reacting to content. The nutrition specialist leading the livestream responded to questions from viewers which was very well received.



Protection Activities online – during the same period, SC provided psychosocial support to 2,515 adults through phone calls to help strengthen their resilience during COVID-19. SC utilized Facebook Live to reach a wider audience, not just existing beneficiaries, to discuss various topics related to protection during the pandemic, such as managing stress and anxiety, depression prevention, channelling of emotions, healthy coexistence, and COVID19 prevention and detection; SC reached 10,556 individuals through said livestream events. In all five regions participants who received psychosocial support expressed satisfaction in a post-activity survey; participants namely reported satisfaction with the virtual platform and acknowledged the importance of continued assistance during COVID-19. The team received suggestions from participants to increase this support via phone and to increase the frequency.

5 - Recommendations and lessons learnt

- Ensure COVID-19 emergency transfers are built into contingency plans for on-going/future MPCA 'plus' program: the rapidity at which a lockdown can be announced (either at the national level or localized) and the sudden impact it can have on households economies requires agencies currently implementing MPCA programs (and donors funding them) to plan for potential future lockdowns in their contingency planning.
- Consider former beneficiaries: SC's experience has shown that even beneficiaries who had previously received assistance fell back into extreme vulnerability after a very short period of time. Therefore, it is important to consider (and budget for) re-assessing former beneficiaries' needs and providing the most vulnerable with assistance in the event of a lockdown. This is particularly applicable in contexts where targeted population groups (such as Venezuelans in Peru) cannot be linked to social-protection schemes or receive government assistance.
- Adapt the operational model to be as virtual as possible: in contexts similar to Peru, with high connectivity, adapt activities such as targeting, registration, distribution, and monitoring to be as virtual as possible, in order to reduce the risks of contamination and increase preparedness to potential future lockdowns. This will require redesigning the agency's communication strategy and tools, and a significant shift in roles and responsibilities in the team, but has proven to be an effective approach in this program, notably with regards to the implementation of complementary activities, such as Nutrition and Protection. Social media are also powerful tools for reaching additional vulnerable populations that might not have been supported by the physical implementation of activities. However, it is important to consider risks of exclusion (e.g. families who do not have phones) and continue expanding collaboration with referral partners (e.g. in shelters, churches, soup kitchens) who still have direct contact with affected populations.





PHOTO & VIDEO GALLERY*

*These photos and videos were recorded as part of the Cash Transfer and Livelihood Project. All persons featured in them have given their informed consent and the material is available for mass distribution.

PHOTO GALLERY

Training Sessions



▶ <https://bit.ly/3m1jV0e>

Cash Transfer/Distribution



▶ <https://bit.ly/339xQu0>

PHOTO GALLERY

Save the Children Staff



▶ <https://bit.ly/2J2PKaD>

Child Friendly Spaces (CFS)



▶ <https://bit.ly/3nRb9CF>

PHOTO GALLERY

Beneficiary Families



▶ <https://bit.ly/2KErXi5>

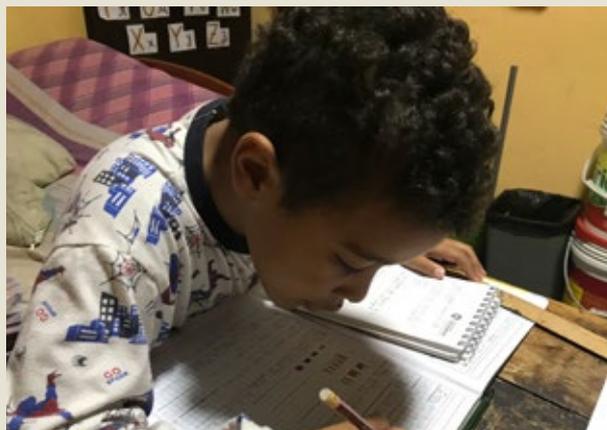
Beneficiary Registration



▶ <https://bit.ly/371NU1T>

PHOTO GALLERY

Providing assistance during the COVID-19 pandemic



► <https://bit.ly/2KEgnDu>

Nutrition Sessions



► <https://bit.ly/3pXnWp2>

PHOTO GALLERY

Migrants in transit



▶ <https://bit.ly/39nzv35>

VIDEO GALLERY

Save the Children's Humanitarian Response in Peru

<https://bit.ly/3371lfF>



SINCE 2015, MORE THAN **4.8 MILLION VENEZUELAN**
HAVE LEFT THEIR COUNTRY DUE TO THE
ECONOMIC AND POLITICAL CRISIS.

ESP Aaron's story Cash Transfer Program Humanitarian Response in Peru

<https://bit.ly/39bVVbo>



Migration stories and need of public services: education

<https://bit.ly/2J62TzG>



VIDEO GALLERY

**Walking voices:
Displaced Venezuelans
on their way to Peru**

<https://bit.ly/3luFdmR>



In transit

<https://bit.ly/38JCdPR>



EN DICIEMBRE, MOISÉS Y JOSÉ, JUNTO A 3 MIGRANTES
PROVENIENTES DE VENEZUELA, LLEGARON AL PERÚ TRAS
CAMINAR A TRAVÉS DE 3 PAÍSES EN 24 DÍAS

Angel's story

<https://bit.ly/3lYYpcJ>



VIDEO GALLERY

Cesar's Story

<https://bit.ly/2KwYiHj>



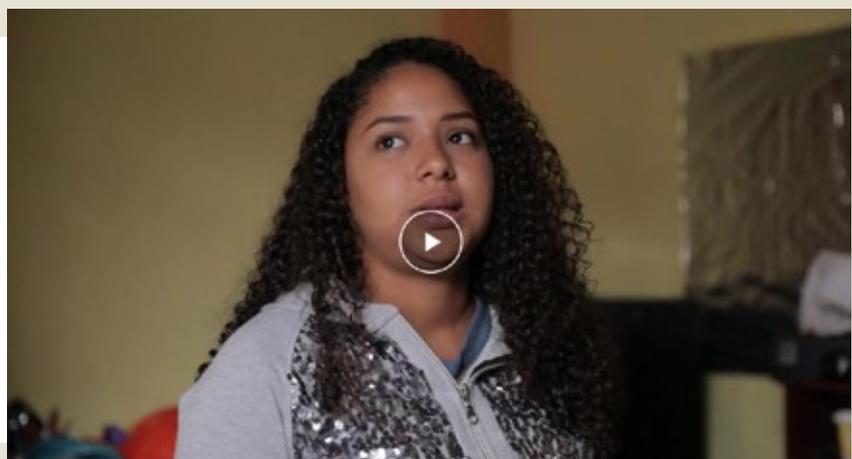
Luis Interview

<https://bit.ly/39c3gno>



Rossi Interview

<https://bit.ly/2J3qdhm>



VIDEO GALLERY

Venezuelan family portraits

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No one is left out: the call of children and adolescents during the pandemic

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Let's win the Health Cup!

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