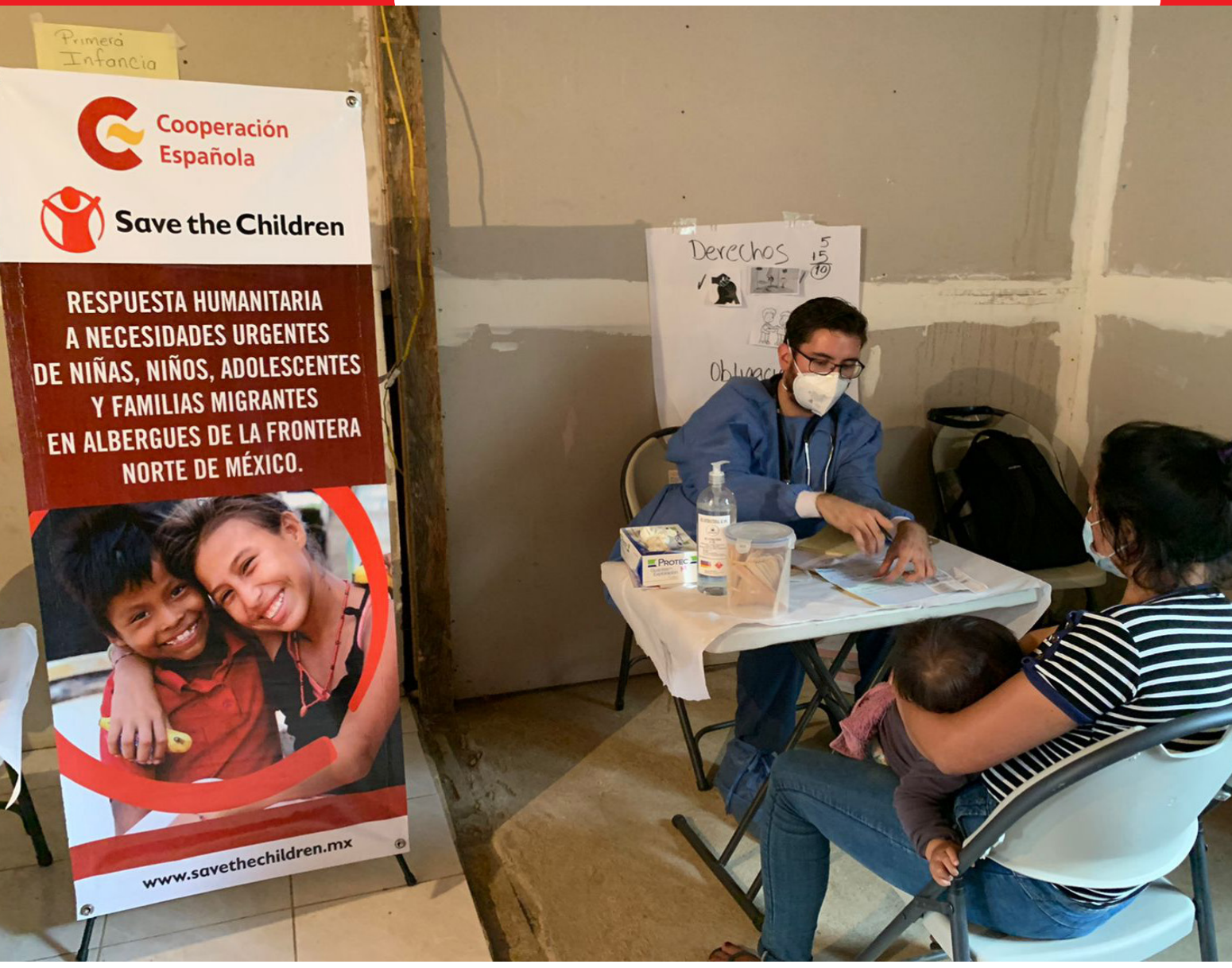
CASH TRANSFER PROGRAM IN HEALTHCARE

Humanitarian Response to the migrant population of Tijuana, Baja California



Save the Children

Cooperación Española

OUR VISION

A world in which every girl, boy and adolescent has the right to survival, protection, development, and participation.

OUR MISSION

To inspire breakthroughs in the way the world treats girls, boys, and adolescents to achieve a positive, immediate, and lasting change in their lives.

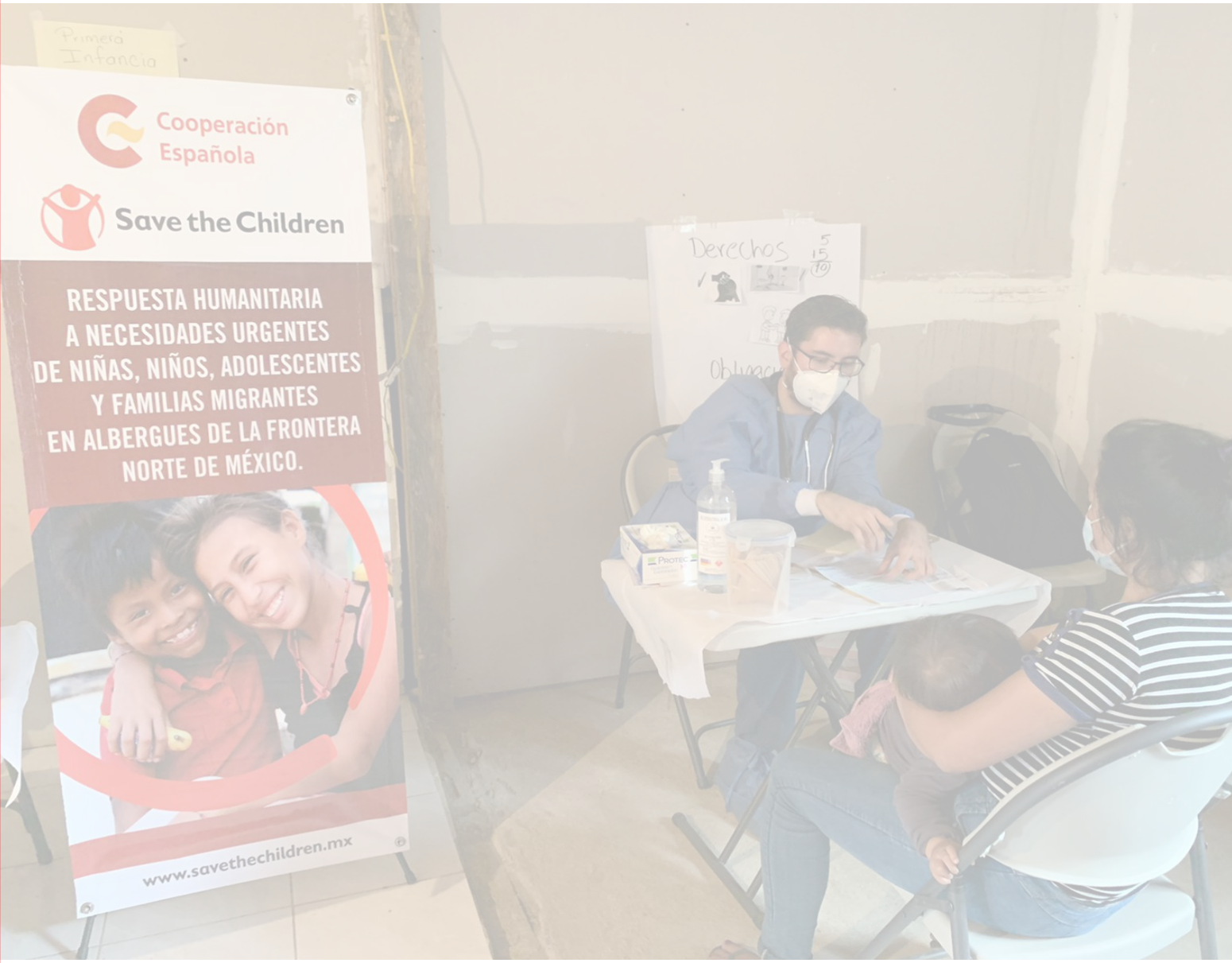
Av. Francisco Sosa Av. 30. Santa Catarina, Coyoacán. C. P. 04000. Mexico City.

informacion.scmx@savethechildren.org

This publication has been produced with the financial support of the Spanish Agency for International Development Cooperation (AECID) 2020/ACHU/000385 “PROGRAM OF MONETARY TRANSFER IN HEALTH”. Its contents are the sole responsibility of Save the Children and do no necessarily reflect the opinion of AECID.

CASH TRANSFER PROGRAM IN HEALTHCARE

Humanitarian Response to the migrant population of Tijuana, Baja California



Save the Children

Cooperación Española

TABLE OF CONTENTS

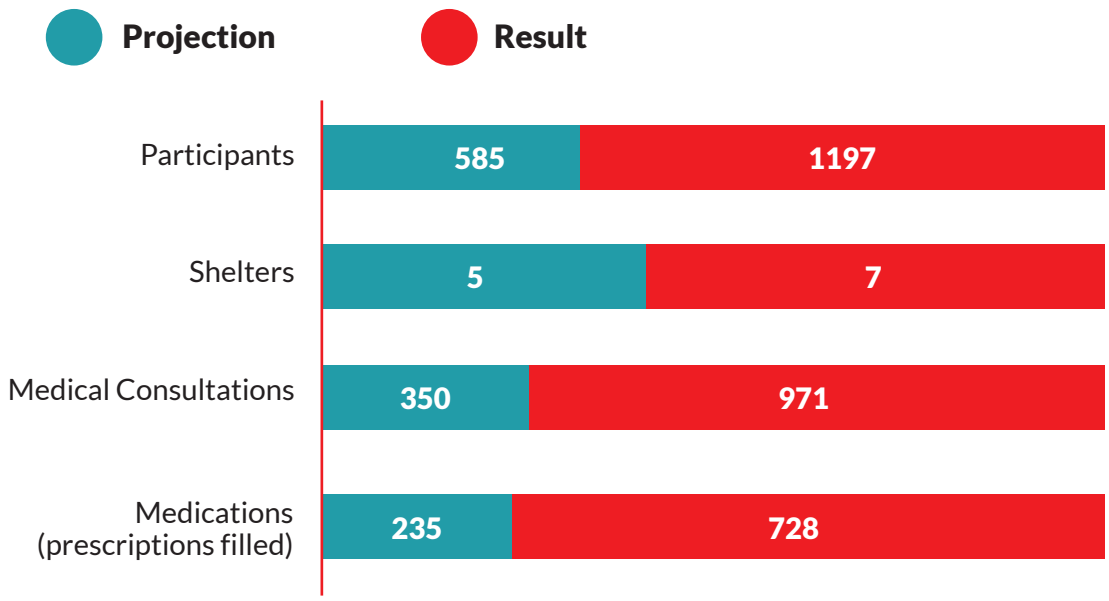
PRESENTATION

In this report we summarize the execution and results of the first Cash Transfer Program (CTP) in healthcare implemented by Save the Children and also the first, in the global scope of Humanitarian Response, to offer psychological care to people in a situation of mobility.

An additional innovation of the program is that the cash transfers were made to the institutions, in this case shelters, who assumed the responsibility of administering the funds, and not directly to the individuals, as is regularly done in CTPs.

We consider the program to have been successful for at least four reasons:

First, the children and adolescents expressed that, thanks to mental health care, they learned to manage stress and that psychological health is important to be happy.
Secondly, the population actively participated in the implementation. The most relevant indicator is that it was at the initiative of mothers and caregivers that gynecological, obstetric, and psychological health services were aggregated.
Thirdly, the results numbers exceeded by far the initial projection:



Finally, the satisfaction rate was very high: 99.1% for general health services and 95% for mental health services.

These are the indicators that have motivated us to share our experience. In the following pages, we present a summary of the implementation, the description of each phase and some annexes for consultation or download.

We hope that this document will be the starting point of a conversation that will inspire and guide the implementation of Cash Transfer Programs in the field of Healthcare, including psychological care, especially in contexts of human mobility.

SUMMARY OF THE IMPLEMENTATION

In summary, these are the seven stages we followed for the implementation:

0 IDENTIFICATION OF THE PROBLEM

- Route evaluation
- Overall project design
- Search for funding

As part of the regular evaluations of Save the Children Mexico in the northern border, we realized that guaranteeing the access to health services for the families in the shelters was a critical element in ensuring their physical and psychological well-being. This detection motivated us to apply for the project "Humanitarian response to the urgent needs of migrant children, adolescents and families in shelters along the northern border of Mexico", in the call for humanitarian actions of the Spanish Agency of International Cooperation for Development (Agencia Española de Cooperación Internacional para el Desarrollo - AECID).

1 DEFINITION OF THE NEEDS 1 MONTH

- Analysis of the needs
- Conducting interviews with key persons

We identified that the families in the shelters did not have access to general medical care and medicines due to the lack of economic resources and also because of the global health emergency, which forced public hospitals to prioritize the care for people diagnosed with COVID-19.

2 HYPOTHESIS 1 MONTH

- Dialogue with the donor institution
- Review of sources

e believe that a Health Contingency Fund, administered through a Cash Transfer Program (CTP), would be the solution for families in Tijuana's shelters to access health services.

3 FEASIBILITY ANALYSIS 1 MONTH

- Feasibility and risk assessment

Through a Feasibility and Risk Assessment, we determined that it was feasible to implement a Health Cash Transfer Program but only if administered by the shelters and in the modalities of electronic transfer and printed vouchers.

4 PARTICIPATORY DESIGN 1 MONTH

- Development of mapping and supplier database
- Establishment of preliminary agreements with the shelters
- Elaboration of the implementation guide

To plan the implementation, we created a mapping and supplier database, made agreements with the people in charge of the shelters and, with the help of the sheltered population, drew up an implementation guide.

5 IMPLEMENTATION 1 MONTH

- Signature of agreements with the shelters
- Signature of contracts with the service providers
- Implementation of the modalities of monetary transfer
- Organization of information campaigns
- Collaboration in the management of the access to healthcare services
- Constant update of the implementation guide

We implemented the program: we implemented the modalities of monetary transfer (electronic transfer and printed vouchers), we organized information campaigns, we collaborated in the management of services and added more services, requested by the population.

6 MONITORING 1 MONTH

- Application of satisfaction questionnaires
- Collection of testimonials
- Placement of suggestion boxes
- Visits to suppliers
- Recording of data collected in request and satisfaction questionnaires

We used four tools to monitor the program: a satisfaction questionnaire, direct consultations to collect testimonials, a suggestion box and visits to suppliers. Simultaneously, we recorded the information in Koboltoolbox.

7 ASSESSMENT 1 MONTH

- Information analysis
- Systematization of lessons learned

We analyzed the information in Koboltoolbox and we systematized the lessons learned with a qualitative methodology.

SUMMARY OF THE PROJECT

GENERAL PROJECT: Humanitarian response to the urgent needs of displaced children, adolescents and families in shelters on the northern border of Mexico.

FUNDING: Spanish Agency for International Development Cooperation (AECID).

IMPLEMENTATION: Save the Children Mexico and Save the Children Spain.

SPECIFIC PROGRAM: Cash Transfer Program in Healthcare.

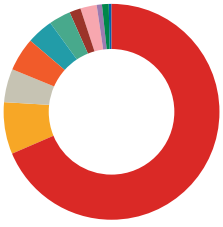
DURATION: 15 months (February 2021 to May 2022).

7 shelters

- Little Haití
- Roca de Salvación
- Embajadores de Jesús
- Movimiento Juventud 2000
- Espacio Migrante
- Instituto Madre Asunta
- Border Linea Crisis Center

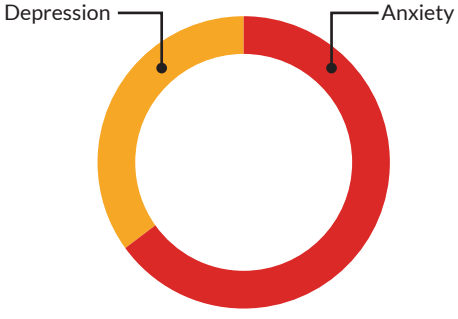
309 girls and adolescents
262 boys and adolescents

Main diseases treated in the population of girls, boys and adolescents:

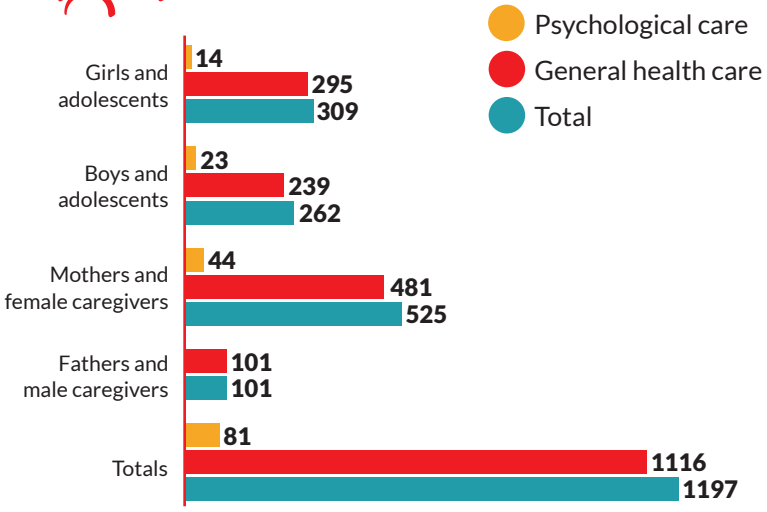


- Common cold
- Upper respiratory tract infection
- Gastrointestinal infection
- Tooth decay
- Dental cleaning
- Atopic dermatitis
- Skin infections
- Ear infection
- Seborrheic dermatitis
- Influenza
- Covid-19

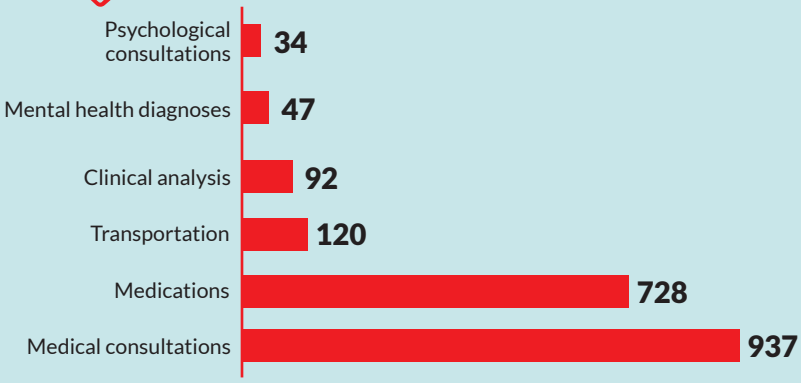
Psychological symptoms with greater presence in the population of children and adolescents:



1197 participants



1958 healthcare services



Psychological care for children and adolescents in the Little Haiti shelter. Tijuana, 2022

Placement of informative banners about the Health Contingency Fund at the Roca de Salvación shelter. Tijuana, 2021

NEED 1

We identified that displaced families' access to health services was a critical element to ensure their physical and psychological well-being.

2018	**Increase in people in transit through Mexico**	• More than 6,000 people in mobility, whose goal was to seek asylum in the United States, arrived in Tijuana (Colegio de la Frontera Norte, 2019).
2019	**Global health emergency**	• The COVID-19 pandemic brought with it new sanitary protocols that tightened migration flow controls (Torre, 2021).
2020	**Título 42**	• As a preventive measure against COVID-19, deportations from the United States increased. In March 2020 and January 2021, 444,559 people were deported; this caused overcrowding in shelters on Mexico's northern border (Sala de Prensa, 2021).
	COVID-19	• To contain the spread of SARS-CoV2, Tijuana hospitals prioritized care for people diagnosed with COVID-19 (Ayala, 2020; Fry and Mendoza, 2020). • The Save the Children Mexico team identified that families in shelters were left without options for general medical care and access to medications.
	Project: Humanitarian response to the urgent needs of displaced children, adolescents and families in shelters on the northern border of Mexico.	• Within the framework of the call for humanitarian actions of the Spanish Agency for International Cooperation for Development (AECID), Save the Children Mexico and Save the Children Spain presented a proposal to cooperate in the needs for health care and coverage for displaced people in transit through Tijuana, Baja California.

These are the main difficulties faced by families in transit through Mexico's northern border in accessing public and private health services:

LACK OF IDENTITY OR RESIDENCY DOCUMENTS	LANGUAGE DIFFERENCE	EXTORTION	LACK OF MONEY	LABOR SHORTAGES
They are required to receive medical care in public health centers.	Those who do not speak Spanish, as is the case of Haitian families, have greater difficulty in receiving medical care.	Families in the shelters are afraid of going out to seek health services and encountering people who could intimidate and extort them.	Some families have resources to pay recovery fees at public health centers or private medical consultations, but not for medicines and clinical analysis.	COVID-19 confinement measures decreased access to employment opportunities for people in mobility.

2 HYPOTHESIS

We considered that a Health Contingency Fund, administered through a Cash Transfer Program (CTP) would be the solution for Tijuana shelter families to access health services.

What was the challenge?

It was the first time **Save the Children** implemented a Cash Transfer Program in the field of healthcare.

What are Cash Transfer Programs?

Cash Transfer Programs consist of giving money to poor individuals, households, or communities to pay for basic health, food and education goods and services.

Why a CTP?

MODALITIES OF CTPS

Cash Transfer Programs are of three types (The International Red Cross and Red Crescent Movement, 2021):

Electronic transfers

These are carried out through a financial institution, which allows money to be transferred from one bank account to another immediately, via an app or website. People access electronic money with a debit card that they present when purchasing goods and services.

They are a viable resource when there is broad support for the use of digital money with suppliers: it is safer to carry digital money, transactions are executed quickly, and it is easier to monitor spending.

Printed vouchers

These are printed documents that are redeemed for goods or services. Vouchers have a value set by the issuing institution and this value is recognized by the suppliers that make them valid.

They are a viable resource when the quality of goods and services is to be controlled, since individuals, households or communities only deal with approved suppliers. They are also viable when the market for services or goods has not been modernized to digital commerce.

Cash

These are coins or printed paper money that are used to make payments; their value is backed by governments and banks. It is the easiest way to access goods and services, because people are more accustomed to this modality, and it is a resource accepted by any supplier.

It is a viable resource when there is a way to monitor the use of money in a timely manner.

The particularity of the use of any of the modalities depends very much on the context.

FEASIBILITY ANALYSIS 3

Through a Feasibility and Risk Assessment, we concluded that implementing a Cash Transfer Program was indeed feasible.

Feasibility

NOT FEASIBLE	FEASIBLE
Assume that families will access health services with their own economic resources.	Implement a **Health Cash Transfer Program** in a context of human mobility.
Delivering the resources directly to the families; because they are in constant mobility and this dynamic prevents timely follow-up of the program.	Providing the Fund to the **Leadership of the shelters** for them to manage the resource. This dynamic allows for timely monitoring of the program.
Deliver cash to the shelters, due to the high crime rates in the areas where the shelters are located.	Deliver the money by electronic transfer and printed vouchers.. • **Electronic transfers** reduce the risk of theft or robbery to the people in charge of administering the Fund and facilitate timely monitoring. • Distributing **printed vouchers** is feasible in shelters that do not have sufficient staff to manage the Fund.

Risks

We found three minimum risks for the implementation of the program, but none of them affected its feasibility:

- People losing the cards because they were not very familiar with their use.
- Suppliers not issuing receipts to evidence the expenses.
- Misuse of the fund.

ANNEXES
- **Supply and demand analysis.**

4 PARTICIPATORY DESIGN

To plan the implementation, we created a mapping and supplier database, we reached agreements with the shelter management teams and, with the help of the shelter population, we developed and updated the implementation guide.

ACTIVITY	OBJECTIVE	RESULT
Suppliers' database March-April 2021 1 month	Identify the health institutions that offer the health services required in the shelters.	We elaborated a database of suppliers with 42 private services: 15 medical offices, 9 pharmacies, 9 laboratories, 4 ambulances, 4 cab sites and 1 transportation application. • We did not consider public medical services, because they were offering exclusive care to COVID-19 cases. • We registered only providers that met a list of qualitative criteria that ensured the quality of services.
Shelter agreements March-April 2021 1 month	Agree with the shelters on the logistics of the program.	We agreed that the management teams of the shelters would inform the families about the Health Contingency Fund and invite them to participate in the construction of the *Health Contingency Fund Guide*: • We met with the people in charge of five shelters, who would be the first to implement the program. • We established eight agreements.
Implementation Guide April-July 2022 4 months	Design the implementation plan.	We developed the *Health Contingency Fund Guide*: • We organized a workshop in each shelter to retrieve feedback from families on how to implement the program. • We systematized and analyzed the information collected. • We updated the guide as the project was being implemented. The most relevant updates consisted of expanding the medical services according to the needs identified by the participants.

ANNEXES
- **Database creation**
- **Mapping of suppliers**
- **List of agreements with shelters**
- **Workshop organization**

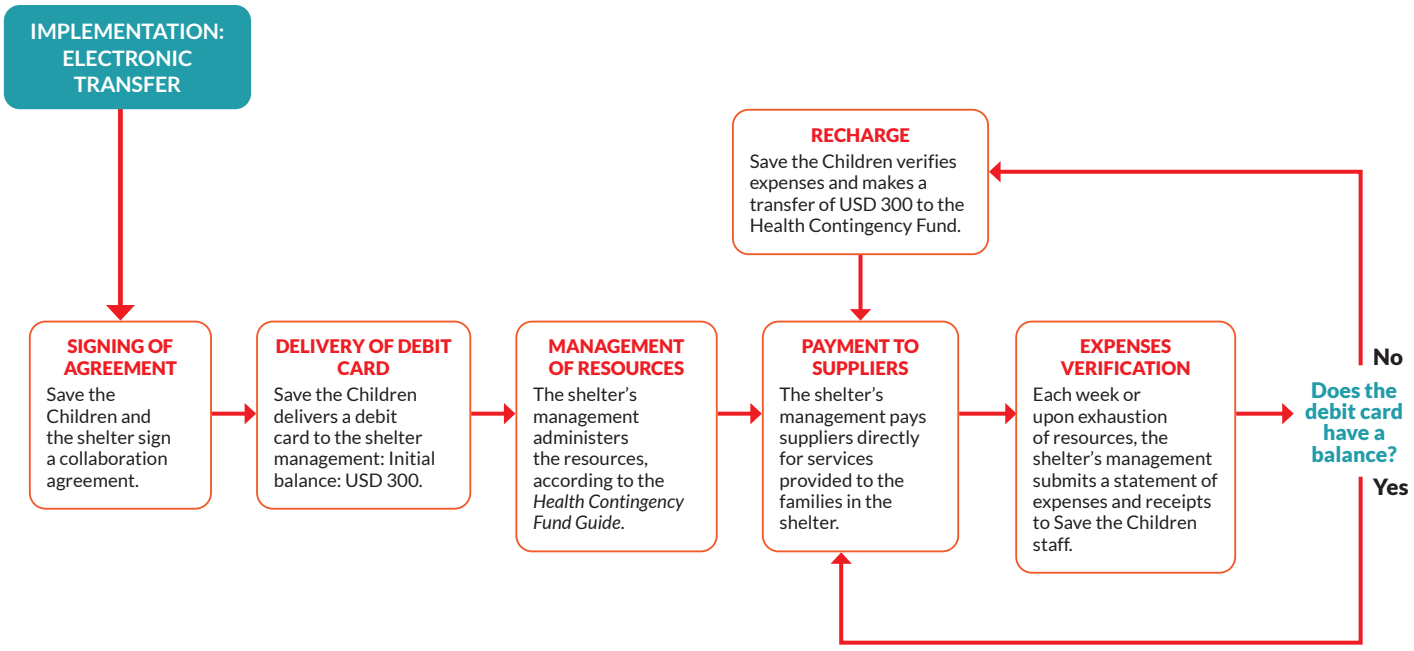
IMPLEMENTATION 5

We implemented the program: we implemented the cash transfer modalities (electronic transfer and vouchers), organized information campaigns and collaborated in the management of health services.

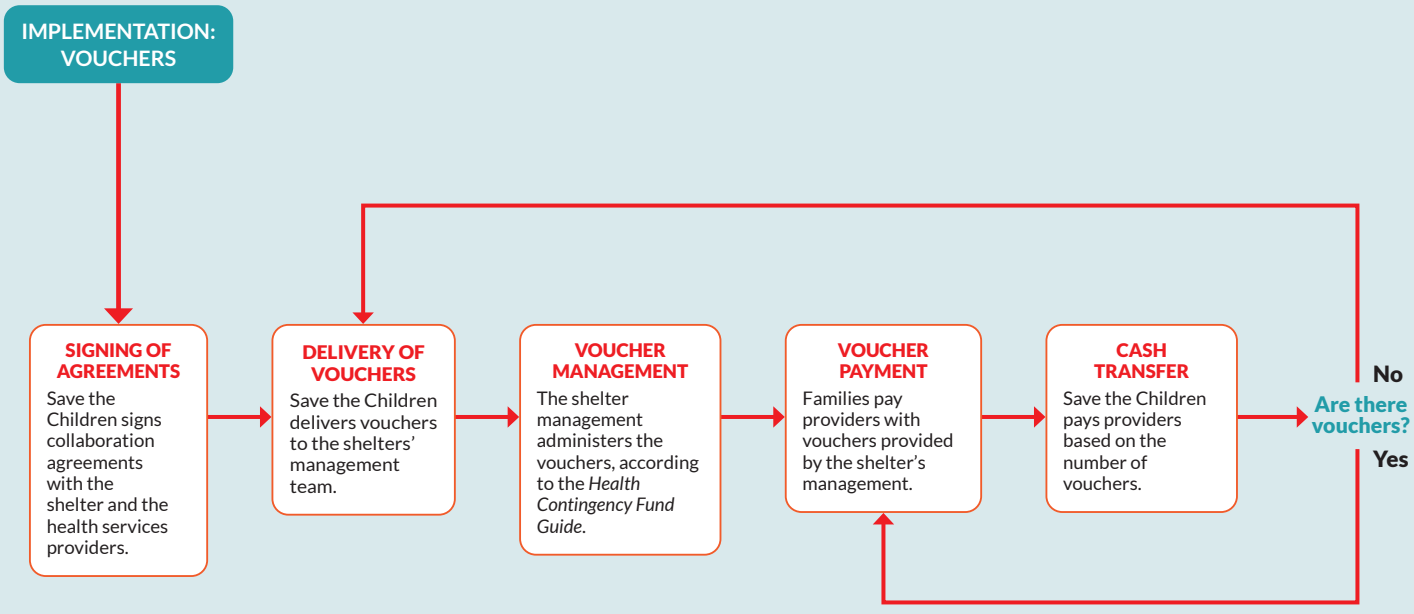
ACTIVITY	OBJECTIVE	RESULT
Money transfer June 2021- May 2022 12 months	Implement transfer modalities in shelters.	We implemented electronic transfers in six shelters: • Embajadores de Jesús • Little Haití • Roca de Salvación • Madre Asunta • Espacio Migrante • Border Linea Crisis We implemented the use of printed vouchers in a shelter: • Movimiento Juventud 2000
Information Campaign June 2021- May 2022 12 months	Inform the population about the Health Contingency Fund.	We organized 36 information campaigns: • Once a week • Every time new population arrived Activities: • Dissemination of recorded audios. • Loudspeakers • Placement of banners and posters • Direct invitation to participants to share information "by word of mouth"
Access to general health services August 2021-May 2022 10 months	Facilitate access to health services.	We managed access to ten basic services: • Respiratory diseases • Ear infections • Influenza • Skin infections • Sore throats • Urinary tract infections • Stomach infections • Minor and medium injuries • Dental injuries and dental cleanings • Ophthalmological conditions
Access to gynecological and obstetrical services August 2021-May 2022 6 months	Meeting the needs of the population.	We added a service requested by mothers and caregivers: • Gynecology and obstetrics
Access to mental health services December 2021-May 2022 6 months		We added a service requested by mothers and caregivers: • Mental health diagnostics • Psychological sessions

ANNEXES
- **Health Contingency Fund Guide**
- **Steps to access the Health Contingency Fund**

IMPLEMENTATION OF THE CTP MODALITY: ELECTRONIC TRANSFER



IMPLEMENTATION OF THE CTP MODALITY: PRINTED VOUCHERS



MONITORING 6

We used five tools to monitor the program: an application form, a satisfaction questionnaire, direct consultations, a suggestion box and visits to suppliers. (For analysis purposes, we have separated the implementation from the monitoring phase; however, both phases were carried out simultaneously).

ACTIVITY	OBJECTIVE	RESULT
Questionnaires July 2021 - May 2022 11 months	To get the perception of the participants	We registered 1,197 application forms. We collected 1,303 satisfaction • General health: 1,194 • Mental health: 109
Direct consultation July 2021 - May 2022 11 months		We collected 14 testimonials: • General health: 6 • Mental health: 8
Suggestion Box July 2021 - May 2022 11 months	Monitor the quality of services.	We installed a complaints and suggestions box, in each shelter, in each Friendly Space.
Monitoring visits July 2021 - May 2022 11 months		We periodically visited the medical offices, pharmacies and laboratories.

TESTIMONIAL

The Health Fund we have at the shelter has helped me several times already. I think I have used it twice and my daughter has used it once.

The first time we used the Fund was because we had the flu. So, we approached the people in charge of the shelter to ask for a doctor and medicine. That time they took us in the shelter car.

The other time it was because I had a pain in my teeth that I couldn't stand. That time I approached Alejandra from Save the Children, the one who wears the red vest and teaches the children. I asked her if it was possible to take me to the dentist, because I had already used the Health Fund and I didn't know if I could use it again. Alejandra told me that I could use it again, but first I had to make an appointment to go to the dentist's office. She immediately took her cell phone and made the call to the dentist and after finishing the call, she told me that it was ready, that the day after tomorrow they would receive me, but that I had to make arrangements with the shelter so that they could take me, since they had the card to pay. It was a good attention I received at the dentist's office and also from Alejandra, because she immediately helped me to use the Fund. That day I remember they took us in an Uber and brought us back in an Uber, it was very easy.

I am very satisfied with the Save the Children Health Fund, because health should not be denied to anyone. They treated me well, very different from other times in which we have been treated differently for being migrants. The Fund gave me care, medicine and the Uber. Every time new people arrive at the shelter, I tell them about the Fund and Save the Children. Thank you for the help and for not treating us differently.

S.
Mother of a 6-year-old girl.

ANNEXES
- **General Health Forms: request and satisfaction questionnaires**
- **Mental Health Forms: application and satisfaction questionnaires**

7 ASSESSMENT

We analyzed the information, assessed the program and systematized the lessons learned.

ACTIVITY	OBJECTIVE	RESULT
Data systematization July 2021 - May 2022 11 months	Process the information from the surveys.	SWe systematized the information from the application forms and satisfaction questionnaires in Kobotoolbox.
Lessons learned May 18, 2022 1 day	Assess the program.	We analyzed the information collected through a participatory methodology. In an interactive mural, we recorded the results, good practices, challenges and difficulties. We validated the analysis of the information. We provided feedback. We systematized the lessons learned.

LESSONS LEARNED

At the end of the first phase of the program, these are the most relevant lessons learned:

- It is essential to assign two people from Save the Children, on a permanent basis, to focus on managing access to health services, 24 hours a day, seven days a week.
- It is necessary to agree with the donor institution the flexibility margin to manage the funds and to add immediate response protocols for severe cases.
- The implementation guide is a "living document" that adapts to the needs of the populations arriving at the shelters.
- Suggestions or complaints from participants should be addressed immediately, as they are often the first indicators of anomalies.
- Program dissemination campaigns should be permanent because the shelter population is constantly changing.
- Verification of expenditures in small amounts and the use of electronic transfers facilitate timely monitoring of the fund.
- Transportation apps (in this case, Uber) are an effective option to ensure safe transportation.
- Posters and audios in Spanish and other languages need to be developed to ensure that the entire shelter population is aware of the program.
- Use of digital tools to monitor expenditures.

SCHEDULE OF ANNEXES

The following annexes are available for consultation or download:

FEASIBILITY ANALYSIS

- **Supply and demand analysis.**

PARTICIPATORY DESIGN

- **Database creation**
- **Mapping of suppliers**
- **List of agreements with shelters**
- **Workshop organization**

IMPLEMENTATION

- **Health Contingency Fund Guide**
- **Steps to access the Health Contingency Fund**

MONITORING

- **General Health Forms: request and satisfaction questionnaires**
- **Mental Health Forms: application and satisfaction questionnaires**

REFERENCES

Ayala P., R. (2020). *Infraestructura requerida para la reconversión hospitalaria ante la pandemia COVID-19* [diapositivas]. Sexta Reunión Nacional de Responsables de la Gestión de Equipo Médico. https://www.gob.mx/cms/uploads/attachment/file/570646/4.3_Reconversi_n_Hospitalaria_Baja_California.pdf

Cecchini, S. y Madariaga, A. (2011). *Programas de Transferencias Condicionadas. Balance de la experiencia reciente en América Latina y el Caribe* (Cuadernos de la Cepal, núm. 95). Cepal; Naciones Unidas. https://www.cepal.org/sites/default/files/publication/files/27854/S2011032_es.pdf

Colegio de la Frontera Norte. (2019, marzo 28). *La caravana de migrantes centroamericanos en Tijuana 2018-2019*. Gobierno de México. https://www.colef.mx/noticia/la-caravana-de-migrantes-centroamericanos-en-tijuana-2018-2019/

Fry, W. y Mendoza, A. (2020, abril 11). *'Una zona de guerra': Los hospitales de Tijuana abrumados por los pacientes con coronavirus*. The San Diego Union-Tribune. https://www.sandiegouniontribune.com/en-espanol/noticias/bc/articulo/2020-04-11/una-zona-de-guerra-los-hospitales-de-tijuana-abrumados-por-los-pacientes-con-coronavirus

Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja. (2021). *¿Qué significa utilizar Programas de Transferencia Monetaria (PTM) para la obtención de WASH?* https://cash-hub.org/wp-content/uploads/sites/3/2021/08/Que-significa-utilizar-programas-de-Transferencia-Monetaria-PTM-para-la-obtencion-de-resultados-de-WASH-HR.pdf

Sala de Prensa. (2021, abril 29). *Las deportaciones bajo el Título 42 causan graves consecuencias humanitarias en la frontera norte de México*. Médicos sin fronteras. https://www.msf.mx/actualidad/las-deportaciones-bajo-el-titulo-42-causan-graves-consecuencias-humanitarias-en-la-frontera/

Torre C., E. (2021, febrero 17). *Caravanas en tiempos de covid-19: ¿el fin de esta forma de movilidad?* Nexos. https://migracion.nexos.com.mx/2021/02/caravanas-en-tiempos-de-covid-19-el-fin-de-esta-forma-de-movilidad/

CREDITS

This document has been developed by:

Lorena Aluladell, on behalf of
Save the Children Spain
lorena.auladell@savethechildren.org

Israel Mozo, eon behalf of
Save the Children Mexico
israel.mozo@savethechildren.org

We sincerely thank and acknowledge the valuable contributions made by Fátima Andraca, Laura Soriano, Laura Ciudad, Arantxa Oses, Victoria Rico y Roberto Martínez.

Ser Escritura
Style correction

Julio Ortiz
Graphic design

PROJECT MANAGERS

Israel Mozo
Humanitarian Response Leader
Save the Children Mexico

Lorena Auladell
CASH, Food Security and Livelihoods
Technical Advisor
Save the Children Spain

Fátima Andraca
Deputy Director of Programs
and Humanitarian Response
Save the Children Mexico

Laura Ciudad
International Programs Technical Advisor
Save the Children Spain

Laura Soriano
Program Quality and MEAL
Technical Advisor: Knowledge and Learning
Save the Children Spain

Brianna Cano
Monitoring and Evaluation Officer
Save the Children Mexico

Melanie Velázquez
Child Protection Officer
Save the Children Mexico

Grecia Verduzco
Child Protection Officer
Save the Children Mexico

Arantxa Oses
Humanitarian Area Manager
Save the Children Spain

Victoria Rico
Head of MEAL / Quality
Save the Children Spain

Roberto Martínez
Livelihoods Technical Advisor
Save the Children Spain

www.savethechildren.mx

SavetheChildrenMexico @SaveChildrenMx savethechildren_mx SavetheChildrenMex

Oficina Nacional
Francisco Sosa No. 30 Col. Villa Coyoacán, Coyoacán.
C. P. 04000, CDMX.